

Case Number:	CM14-0175956		
Date Assigned:	10/29/2014	Date of Injury:	09/13/2007
Decision Date:	12/05/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/23/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 58-year-old male who reported an injury on 09/13/2007. The mechanism of injury was due to a trip and fall over electrical cables while on a client's premises. The injured worker has diagnoses of brachial neuritis or radiculitis not otherwise specified, thoracic or lumbosacral neuritis or radiculitis not otherwise specified, contusion of the knee and pes anserinus tendinitis or bursitis. Past medical treatment consists of surgery, physical therapy, and medication therapy. The submitted documentation did not specify what type of medications the injured worker has been taking. It only states the medications will be refilled as they are providing pain relief and improving functional status. There were no diagnostics submitted for review. On 06/04/2014, the injured worker complained of back pain. Physical examination showed spasm, tenderness and guarding in the paravertebral musculature of the lumbar spine with loss of range of motion. The medical treatment plan is for the injured worker to continue Lorazepam 1 mg 30 days with a quantity of 60. The rational and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Lorazepam 1 MG for 30 Days Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The request for Lorazepam 1 MG for 30 Days Qty 60 is not medically necessary. The California MTUS do not recommend the use of benzodiazepines for long term use because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit the use to 4 weeks. The submitted documentation did not indicate how long the injured worker had been on the Lorazepam. Additionally, there was a lack of efficacy of the medication in the submitted documentation to support continued use. Furthermore, the frequency of the medication was not submitted for review. Given the above, the injured worker is not within MTUS recommended guideline criteria. As such, the request is not medically necessary.