

Case Number:	CM14-0181553		
Date Assigned:	11/06/2014	Date of Injury:	03/10/2006
Decision Date:	12/09/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/31/2014

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 & 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:

This patient sustained an injury on 3/10/06 while employed by [REDACTED]. Request(s) under consideration include Lorazepam 0.5mg #30. Reports of 6/3/14 and 9/9/14 from a provider noted patient with chronic ongoing unchanged back and leg symptoms rated at 5-7/10 with associated numbness, pins and needles sensation in his feet. Medications list Soma, Lyrica, and Norco. The patient is retired. The patient was there for refill of medications. Exam showed unchanged findings of normal gait; lumbar spine with limitations in ext/rotation and lateral tilt of 10/30/20 degrees; toe and heel walk normal; tenderness at paraspinous musculature; no spasm present; with neurological findings of motor strength, sensation, and DTRs were normal. Diagnoses included lumbar spinal stenosis s/p discectomy 2/22/07; multilevel cervical disc desiccation/ bulging and stenosis; depression/anxiety and hypertension. Treatment was to refill medications. The patient remained P&S. The request(s) for Lorazepam 0.5mg #30 was non-certified on 10/3/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 0.5mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Benzodiazepines Page(s): 23.

Decision rationale: This patient sustained an injury on 3/10/06 while employed by [REDACTED]. Request(s) under consideration include Lorazepam 0.5mg #30. Reports of 6/3/14 and 9/9/14 from a provider noted patient with chronic ongoing unchanged back and leg symptoms rated at 5-7/10 with associated numbness, pins and needles sensation in his feet. Medications list Soma, Lyrica, and Norco. The patient is retired. The patient was there for refill of medications. Exam showed unchanged findings of normal gait; lumbar spine with limitations in ext/rotation and lateral tilt of 10/30/20 degrees; toe and heel walk normal; tenderness at paraspinous musculature; no spasm present; with neurological findings of motor strength, sensation, and DTRs were normal. Diagnoses included lumbar spinal stenosis s/p discectomy 2/22/07; multilevel cervical disc desiccation/ bulging and stenosis; depression/anxiety and hypertension. Treatment was to refill medications. The patient remained P&S. The request(s) for Lorazepam 0.5mg #30 was non-certified on 10/3/14. Lorazepam is an anti-anxiety medication in the benzodiazepine family and like other benzodiazepines, act by enhancing the effects of gamma-aminobutyric acid (GABA) in the brain. GABA is a neurotransmitter (a chemical that nerve cells use to communicate with each other) which inhibits many of the activities of the brain. It is believed that excessive activity in the brain may lead to anxiety or other psychiatric disorders. Clonazepam also is used to prevent certain types of seizures. Lorazepam is used for the short-term relief anxiety symptoms, usually up to 4 weeks as long-term efficacy is unproven with risk of dependency. It is used for certain types of seizures, specifically petit mal seizures, akinetic seizures, and myoclonus, as well as Lennox-Gastaut syndrome. Submitted reports have not adequately addressed the indication for Lorazepam continued use for the chronic 2006 injury nor is there documented functional efficacy from treatment already rendered. Lorazepam 0.5mg #30 is not medically necessary and appropriate.