

Case Number:	CM14-0081151		
Date Assigned:	07/28/2014	Date of Injury:	01/26/2013
Decision Date:	09/19/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/02/2014

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 55 year old right-hand dominant female who sustained work-related injuries on January 26, 2013. Her mechanism of injury was a slip and fall. She has history of lumbar transforaminal epidural steroid injection at L4-L5 performed in March 25, 2014. On May 6, 2014 she underwent magnetic resonance imaging scan of the right knee without contrast which showed (a) complex tear of the posterior horn of the medial meniscus; (b) possible small tear versus intrasubstance degeneration of the anterior horn of the lateral meniscus; (c) partial tear or sprain of the anterior cruciate ligament; (d) multiloculated fluid collection around the semimembranous tendon may represent a ganglion cyst or tenosynovitis; and (e) diffuse tricompartmental chondrosis, most marked medially. The most recent progress notes dated May 12, 2014 documents that the injured worker complained of neck pain that radiates to the right arm. She also complained of persistent pain and weakness in the right upper extremity. She reported that she did not scheduled her lumbar epidural steroid injection due to being anxious and she could not sleep for weeks and has been fearful. On examination, lumbar range of motion was limited. Lasegue's sign was positive. She was diagnosed with (a) degenerative disc disease of the cervical and lumbar spine, (b) L4-5 extrusion, (c) lumbar radiculopathy, and (d) cervical radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 0.5 MG #90 X 3 Refills: 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 MTUS Chronic Pain Guidelines indicate that benzodiazepines are used as an anti-anxiety or insomnia treatment medication and are only recommended for short-term use due to unproven long-term efficacy as well as the risk for abuse or physical dependence. In this case, the requested medication has a quantity of #90 with three refills. This is a clear indication that the request is intended for long term usage which is against the recommendations of evidence-based treatment guidelines. Therefore, the request is not medically necessary and appropriate.