

Case Number:	CM14-0215884		
Date Assigned:	01/05/2015	Date of Injury:	02/06/2001
Decision Date:	03/04/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Colorado

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

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

58 year old female with date of injury 2/6/2001 continues care with the treating physician. Patient has diagnosis lumbar radiculopathy and is maintained on long term medication regimen. The records supplied for review do not include any history of other interventions or evaluations for patient symptoms. Per the records, patient has no side effects to her medications and no aberrant drug taking behavior. Patient's activities of daily living are maintained with medications and patient is working full time as of 11/11/2014 office visit. The treating physician requests refill of Lorazepam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 1mg; quantity not indicated: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Lorazepam

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

Decision rationale: Lorazepam is a medication classified as a Benzodiazepine. Per the guidelines, benzodiazepines, are not to be used for more than 4 weeks. No quality evidence exists that benzodiazepines are effective long term, and they do carry a risk of dependence / abuse. Benzodiazepines have several applications including sedative, anxiolytic, anticonvulsant, and muscle relaxer. Tolerance to all indications develops over weeks to months. At the time of the request, patient has been taking Lorazepam for more than 6 months for unspecified symptoms. (The records do not indicate if patient is using the Lorazepam for pain, sleep, or other.) While the records indicate activities of daily living are maintained and patient is working full time, there is no documentation of the effects specifically of Lorazepam. Pain ratings remain constant in the records at 8/10 with medications. Given the lack of objective evidence that Lorazepam has helped this patient, and given the lack of long term efficacy / the recommendations against use longer than 4 weeks / risks of dependence, the request for Lorazepam is considered not medically necessary. Patient should be tapered off of the medication to avoid withdrawal symptoms.