

Case Number:	CM15-0010689		
Date Assigned:	01/28/2015	Date of Injury:	05/26/2010
Decision Date:	03/20/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/20/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 45 year old female was injured 5/26/10 in an industrial accident. She currently is experiencing constant neck pain radiating into the upper extremities rated as 10/10 with numbness and tingling; constant low back pain radiating to both legs with numbness and tingling with pain intensity of 7/10. Medications are Lyrica, Norco, tramadol, dexilant and omeprazole. Laboratory evaluations to determine level of prescription medications was done and was consistent with current medications. Diagnoses are cervical radiculopathy, spinal stenosis and disc degeneration; lumbar disc protrusion, spinal stenosis and radiculopathy. She has had acupuncture treatments, performs home exercises and had epidural steroid injections. Diagnostic studies were MRI of the cervical and lumbar spines, MRI of the left and right knees, MRI of the right and left ankles. The treating physician requested lorazepam but the reason for the request was not found. On 12/16/14 Utilization Review non-certified the request for Lorazepam 1 mg # 60 citing MTUS: Chronic Pain Medical Treatment Guidelines: Benzodiazepines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Lorazepam 1mg #60, DOS 11/17/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Mental Illness, Benzodiazepines

Decision rationale: MTUS and ODG states that benzodiazepine (ie Lorazepam) is “Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks.” ODG further states regarding Lorazepam “Not recommended.” Medical records indicate that the patient has been on Xanax since 9/12/14, exceeding MTUS recommendations. The lab work performed on 11/07/14 and 2/04/14 was negative for benzodiazepine which should be positive if the patient is taking the medications as prescribed. The medical record does not provide any extenuating circumstances to recommend exceeding the guideline recommendations. As such, the request for 1 Prescription of Lorazepam 1mg #60 is not medical necessary.