

Case Number:	CM15-0010727		
Date Assigned:	01/28/2015	Date of Injury:	04/30/1999
Decision Date:	03/23/2015	UR Denial Date:	01/06/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 54 year old female who sustained a work related injury April 30, 1999. According to a physician's progress report, dated December 5, 2014, the injured worker presented with low back pain shooting into left groin, she believes is due to weather change. She had gone to the emergency room (date not documented) and was administered Soma which helped. Physical examination documents right weak ankle, piriformis bursa (trochanter) very painful and standard leg raise negative. She performs yoga but currently limited due to pain. Diagnoses documented as a flare of ongoing lumbar radiculopathy L5 and complex regional pain syndrome, right leg. Treatment plan included teaching and encouragement of piriformis stretch, and orders for ibuprofen and Soma. According to utilization review dated January 6, 2015, the request for Lorazepam 0.5mg QTY: 90 with 4 refills is non-certified, citing MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 0.5mg #90 with 4 refills per 12/20/14 prescription: Upheld

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

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

Decision rationale: Based on the 12/05/14 progress report provided by treating physician, the patient presents with low back pain shooting into left groin. The request is for LORAZEPAM 0.5MG #90 WITH 4 REFILLS PER 12/20/14 PRESCRIPTION. Patient's medications include Soma and Ibuprofen. Patient's diagnosis per Request for Authorization form dated 12/22/14 included referred sympathetic dystrophy lower limb and anxiety. Progress report with the request was not provided. The patient is not working and remains permanent and stationary, per treater report dated 12/05/14. MTUS guidelines state on page 24 that benzodiazepines such as Xanax are "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." It is not known when Lorazepam was first prescribed, nor whether this medication is being initiated. The patient presents with a diagnosis of referred sympathetic dystrophy lower limb and anxiety, for which Lorazepam would be indicated. However, MTUS guidelines do not recommend use of Lorazepam for prolonged periods of time and state that most guidelines "limit use of this medication to 4 weeks." The retro request for 12/20/14 is more than 2 weeks from the UR date of 01/06/15. Furthermore, the request for # 90 with 4 refills exceeds guideline recommendation, and does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.