

Case Number:	CM15-0110712		
Date Assigned:	06/17/2015	Date of Injury:	06/22/2008
Decision Date:	07/28/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/09/2015

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: Indiana, Michigan, California
 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:

The injured worker is a 51 year old female whose date of injury is 6/22/2008. Diagnoses include depression, lumbar spine musculoligamentous sprain/strain with bilateral radiculitis and chronic pain. Treatment has involved medication therapy. Request has been made for the continuation of Lorazepam 1 mg qd, #30 x 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 1mg # 30 x 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The use of benzodiazepines for long term use under MTUS Guidelines is not recommended. There is concern of dependence and efficacy is uncertain. Chart review involving this case reveals a drug screen completed on 5/13/2015 which was negative for benzodiazepines which may indicate the injured worker is not taking the medication as previously prescribed. The records on 12/16/2014 also recommend that the benzodiazepine be weaned and ultimately discontinued. Therefore the request for Lorazepam 1mg #30 x 2 refills is not medically necessary.