

Case Number:	CM15-0129793		
Date Assigned:	07/16/2015	Date of Injury:	09/01/2003
Decision Date:	09/11/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/06/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 60 year old female, who sustained an industrial injury on 09/01/2003. She has reported subsequent neck, shoulder and right upper extremity and was diagnosed with chronic pain, neuralgia, neuritis, radiculitis, and spasm of the right arm/hand, stenosis of the cervical spine, rotator cuff syndrome and erosive osteoarthropathy of the right hand. MRI of the cervical spine showed multilevel central spinal stenosis involving the C4-C5, C5-C6 and C6-C7 levels and right osteophyte disc involving the C5-C6 and C6-C7 levels resulting in moderate neural foraminal stenosis. Treatment to date has included medication. The injured worker had been prescribed Lorazepam since at least 11/15/2014. In a progress note dated 04/18/2015, the injured worker complained of neck, bilateral shoulder, and arm and hand pain. Objective findings were notable for pain with range of motion, diffuse moderate pain of the cervical, thoracic and lumbar spine, decreased range of motion of the cervical and lumbar spine. Work status is temporarily totally disabled. A request for authorization of Lorazepam 1 mg, quantity of 110 was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 1mg, QTY: 110: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short-acting opioids Page(s): 75, 78, 79, and 80.

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

Decision rationale: As per CA MTUS guidelines, benzodiazepines "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." The documentation submitted shows that the injured worker had been prescribed Lorazepam since at least 11/15/2014, which far exceeds the recommended guidelines for use of benzodiazepines. It's unclear as to the reason for prescription of this medication and there is no documentation of significant reduction in symptoms or objective functional improvement. Work status was unchanged. In addition, there was no frequency or instructions for use documented on the progress note or the request for authorization. Therefore, the documentation doesn't support the medical necessity of the request for Lorazepam and therefore is not medically necessary.