

Case Number:	CM15-0162638		
Date Assigned:	09/25/2015	Date of Injury:	05/01/1998
Decision Date:	11/06/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/19/2015

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, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

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 is a 48 year old male with a date of injury of May 1, 1998. A review of the medical records indicates that the injured worker is undergoing treatment for thoracic myelopathy with a history of hyperreflexia in all four extremities, degenerative lumbar disc disease, thoracic compression fracture, and myofascial pain syndrome. Medical records dated April 27, 2015 indicate that the injured worker complains of increasing right sided pain. A progress note dated July 9, 2015 notes subjective complaints of pain rated at a level of 8 out of 10, pain mainly on the right side of the body. Records also indicate that the injured worker was able to exercise regularly and had stopped taking Oxycodone. The physical exam dated April 27, 2015 reveals the injured worker was less anxious, hypersensitivity to touch especially on the right, decreased sensation over the left lateral thigh and left hand, and hyperactive deep tendon reflexes. The progress note dated July 9, 2015 documented a physical examination that showed continued anxiety, diffuse tenderness right greater than left, and decreased sensation over the left lateral thigh and left hand. Treatment has included six sessions of myofascial therapy, medications (Lorazepam 0.5mg as needed since at least November of 2014; Oxycodone 5mg as needed since at least January of 2015, noted discontinued in July 2015). The treating physician indicates that the urine drug testing result showed negative findings (no date of report documented). The original utilization review (July 27, 2015) non-certified a request for Lorazepam 5mg #15 with three refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 5 mg #15 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Stress-Related Conditions 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress: Benzodiazepine; Insomnia treatment; Weaning, benzodiazepines (2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: MTUS states "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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been prescribed Lorazepam 0.5 mg daily as needed on an ongoing basis for almost a year with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. The request for Lorazepam 0.5 mg #15 with 3 refills is excessive and not medically necessary as the guidelines state that the use of benzodiazepines should be limited to 4 weeks.