

Case Number:	CM15-0175599		
Date Assigned:	09/17/2015	Date of Injury:	05/03/2005
Decision Date:	10/19/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/08/2015

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: North Carolina

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 54 year old female who sustained an injury on 5-3-05. Diagnoses include chronic lower back pain status post anterior fusion L4-5 and L5-S1 (9-29-08; failed back surgery syndrome; left L5 and L5 radiculopathy; depression and anxiety. The progress report on 2-5-15 indicates diagnosis as major depressive disorder, single episode, severe. She cannot sleep without sleeping medication and is struggling with impaired concentration. She was pacing, standing for entire session and has worsening depressed and anxious mood and still has suicidal ideation. The initial orthopedic spine consultation on 8-7-15 reports chief complaint is left leg, burning pain in the buttock, thigh, and calf to the heel. The pain is rated 10 out of 10 and so severe it limits her activities of daily living and functionality. There is mild pain on palpation of the lower lumbar spine without paraspinal muscle spasm. Neurologic evaluation reveals right side 5, 5 hip flexion, hip abduction, hip adduction, knee extension, and hamstring. Left side there isn't any sort of resisted strength; normal sensation to light touch throughout bilateral lower extremities. An MRI scan and X-rays were recommended from this exam. Medications listed Percocet, Gabapentin, Amphetamine; Lorazepam, Tizanidine, and Motrin 800. It was noted that no prescriptions were going to be written and was referring her to her primary care physician for that. On 8-4-15 requested treatments included psychiatric sessions, Lorazepam 1 mg 60 per month for 12 months. The PR2 on 8-4-15 indicates treatment plan that has led to resolution of suicide risk, managed depression so that she would not alienate her only support and allowed her to not be so restless that she could sit down in a chair during psychotherapy sessions included Lorazepam 1 mg for intermittent panic attacks. Current requested treatments Lorazepam 1 mg #60 with 11 refills. Utilization review 8-13-15 requested treatment modified #60 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 1mg #60 with 11 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The California chronic pain medical treatment guidelines section on benzodiazepines states: Benzodiazepines; 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. (Baillargeon, 2003) (Ashton, 2005). The chronic long-term use of this class of medication is recommended in very few conditions per the California MTUS. There is no evidence however of all failure of first line agent for the treatment of anxiety or Insomnia in the provided documentation. For this reason, the request is not medically necessary.