

Case Number:	CM15-0046390		
Date Assigned:	03/18/2015	Date of Injury:	05/01/2013
Decision Date:	04/23/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/11/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 35 year old female, who sustained an industrial injury on 5/1/13. She has reported low back injury. The mechanism of injury was not noted. The diagnoses have included mechanical low back pain, lumbar radiculopathy, and right sacroiliac joint pain. Treatment to date has included medications, acupuncture, diagnostics, and Home Exercise Program (HEP). Currently, as per the physician progress note dated 12/1/14, the injured worker complains of worsening symptoms of bilateral low back pain and discomfort. The pain also radiates to the right lower leg and described a shooting and numbness. The pain is worse with bending forward and cold weather and improved with Percocet and Meloxicam. The current medications included Percocet, Meloxicam, Norco and Pamelor. The physical exam of the lumbar spine revealed pain to palpation, pain with facet loading with normal range of motion. The requested treatment included Lorazepam 1 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 1 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Workers' Compensation Drug Formulary (updated 02/28/15).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Benzodiazepines.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lorazepam 1 mg #60 is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. In this case, the injured workers working diagnoses are low back pain; and lumbar radiculopathy. The documentation shows that Lorazepam was prescribed on or about March 18, 2015 according to a progress note with the same date. Lorazepam is not recommended according to the Official Disability Guidelines. There is no clinical indication in the medical record for Lorazepam. The treating physician prescribed Lorazepam 1 mg one po QHS. It is unclear whether the drug was prescribed for sleep or for low back pain. Regardless, Lorazepam is not recommended according to the ODG. Additionally, benzodiazepines are not recommended for longer than two weeks because long-term efficacy is unproven and there is a risk of psychological and physical dependence. Lorazepam 1 mg #60 is a one-month supply. This is in excess of the recommended guidelines. Consequently, absent compelling clinical documentation to support Lorazepam with guideline none recommendation for use, Lorazepam 1 mg #60 is not medically necessary.