

Case Number:	CM15-0062137		
Date Assigned:	05/13/2015	Date of Injury:	03/18/2005
Decision Date:	06/10/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/01/2015

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: Texas, Florida, California

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 63-year-old male, who sustained an industrial injury on March 18, 2005. He reported neck, bilateral wrist, bilateral thumb and right shoulder pain with associated headaches. The injured worker was diagnosed as having chronic pain syndrome and major depressive disorder. Treatment to date has included radiographic imaging, diagnostic testing, and surgical intervention of the cervical spine, extensive conservative therapies, epidural injections, medications and work restrictions. Currently, the injured worker complains of continued neck, bilateral wrist, bilateral thumb and right shoulder pain with associated headaches. The injured worker reported an industrial injury in 2005, resulting in the above noted pain. He was treated conservatively and surgically without complete resolution of the pain. X-ray of the cervical spine in 2011, revealed hardware complications. It was noted the pain was persistent and all previous conservative therapies had failed. He required pain medications to maintain function. Electro diagnostic studies of the bilateral upper extremities in 2012, revealed normal upper extremities and severe right and mild left carpal tunnel syndrome. He underwent carpal tunnel release of the right side in 2012. The pain continued and he developed major depression. Evaluation on March 10, 2015, revealed continued pain as noted. Medications were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 0.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, under Benzodiazepines.

Decision rationale: This claimant was injured now 10 years ago. There is still chronic pain and an alleged major depressive disorder. There is no mention however of anxiety issues and the objective functional response to anxiolytics. This nonetheless was a request for Lorazepam 0.5 mg the current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding benzodiazepine medications, the ODG notes in the Pain section: Not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. In this case, it appears the usage is long term, which is unsupported in the guidelines. The objective benefit from the medicine is not disclosed. The side effects are not discussed. The request is appropriately non-certified following the evidence-based guideline. This is not medically necessary.