

Case Number:	CM15-0096614		
Date Assigned:	05/27/2015	Date of Injury:	11/17/2003
Decision Date:	06/25/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/19/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 41-year-old male who sustained an industrial injury on 11/17/2003. Current diagnoses include cervical radiculitis, lumbar radiculopathy, status post fusion-lumbar spine, bilateral knee pain, gastroesophageal reflux disease, NSAID intolerance, and status post left knee surgery. Previous treatments included medication management, psychiatric counseling, right knee surgery, back surgery, and therapy. Report dated 04/09/2015 noted that the injured worker presented with complaints that included neck pain with radiation and electrical sensation, occipital headaches, sleep difficulty, low back pain with radiation down the bilateral lower extremities with numbness, and lower extremity pain bilaterally. Pain level was 4 out of 10 (with medications) and 9 out of 10 (without medications) on a visual analog scale (VAS). Physical examination was positive for abnormal findings. The treatment plan included recommendations for home exercise program, follow up in one month, renewed medications which included gabapentin, Lidoderm patches, Nucynta, omeprazole, Senokot-S, and lorazepam. Disputed treatments include lorazepam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 2 mg Qty unspecified: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, page 23.

Decision rationale: Lorazepam (Ativan) is an anti-anxiety medication in the benzodiazepine family and like other benzodiazepines, act by enhancing the effects of gamma-aminobutyric acid (GABA) in the brain. GABA is a neurotransmitter (a chemical that nerve cells use to communicate with each other) which inhibits many of the activities of the brain. It is believed that excessive activity in the brain may lead to anxiety or other psychiatric disorders. Clonazepam also is used to prevent certain types of seizures. Lorazepam is used for the short-term relief anxiety symptoms, usually up to 4 weeks, as long-term efficacy is unproven with risk of dependency. It is used for certain types of seizures, specifically petit mal seizures, akinetic seizures, and myoclonus, as well as Lennox-Gastaut syndrome. Submitted reports have not adequately addressed the indication for Lorazepam's continued use for the chronic injury nor is there documented functional efficacy from treatment already rendered. The Lorazepam 2 mg Qty unspecified is not medically necessary and appropriate.