

Case Number:	CM15-0098470		
Date Assigned:	05/29/2015	Date of Injury:	08/29/2009
Decision Date:	07/08/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/21/2015

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: Pennsylvania, Ohio, 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 35 year old female with an industrial injury dated 08/29/2009 resulting in an injury to her right shoulder, arm and hand. She was diagnosed as having a rotator cuff tear. Her diagnoses included right shoulder impingement, right shoulder partial tendon tear, right shoulder rotator cuff tendonitis and chronic right shoulder pain. Prior treatments included medications. She presented on 04/21/2015 with complaints of right shoulder pain radiating into right elbow and into the fingers. She had been seen in the emergency department on 04/16/2015 for severe abdominal pain and she was diagnosed with peptic ulcer possible related to long-term use of her industrial related Ibuprofen. Physical exam revealed right shoulder range of motion was restricted by pain in all directions. Right shoulder impingement signs were positive. There was right shoulder pain with forward flexion, external rotation and abduction. There was tenderness upon palpation of the right supraspinatus and right posterior shoulder. Treatment plan included follow up with family physician regarding peptic ulcer, discontinue Ibuprofen, prescriptions for Lorazepam and Norco and urine drug screen. The provider documents the Norco provides a 50% decrease of the patients pain and 50% improvement of activities of daily living such as self-care and dressing. Pain contract was up to date and the injured worker's previous urine drug screen was consistent. The medication had no adverse effects and the injured worker showed no aberrant behavior. The risks and benefits of long-term opioid use were discussed with the injured worker. The requested treatment was for Lorazepam 1 mg # 60 and Norco 10/325 mg # 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorazepam 1mg #60: Upheld

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

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

Decision rationale: Benzodiazepines are not recommended by MTUS for long-term use due to lack of demonstrated efficacy and a risk of dependence. Tolerance to hypnotic or anxiolytic effects is common, and long-term use may actually increase rather than decrease anxiety. Benzodiazepines are rarely a treatment of choice in a chronic condition. The records do not provide a rationale for an exception to this guideline. This request is not medically necessary.