

<b>Case Number:</b>	CM13-0047715		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/15/1996
<b>Decision Date:</b>	03/22/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 52-year-old female who sustained an unspecified injury on 02/15/1996. The patient was seen on 12/17/2013 for painful lower back and radiating pain down both legs to toes. It is noted the documentation submitted for review is in large part illegible and lacking an adequate history of the patient. The evaluation on 12/17/2013 indicated the patient had lower back myospasm and reduced range of motion in the lower back. The treatment plan was noted as Norco 10/325 mg, diazepam 10 mg for lower back spasm, daily exercise, and physical therapy 3 x 2 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lorazepam 25mg:** Upheld

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

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

**Decision rationale:** The request for Lorazepam 25 mg for a 15 day supply, QTY 60, is non-certified. The documentation submitted for review did not indicate Lorazepam is part of the treatment plan. Furthermore, there was no indication as to a condition for which the medication

would be used. Per the documentation submitted for review, the need of the medication is unclear. Given the information submitted for review, the request for Lorazepam 25 mg for a 15 day supply, QTY 60, is non-certified.