

<b>Case Number:</b>	CM13-0048710		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/01/2010
<b>Decision Date:</b>	02/20/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/06/2013

### 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 Internal Medicine, has a subspecialty in Internal Medicine and is licensed to practice in Maryland. 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:

This 54 year old male has had chronic cervical and lumbar spine pain since date of injury 12/1/10 and has been treated with lorazepam since at least 10/ 2012. Per the MTUS guidelines cited above, benzodiazepines are not recommended for long term use. The long term efficacy of benzodiazepines is unproven and there is a significant risk of dependence on this class of medication. Use of benzodiazepines is recommended for no longer than 4 weeks. On the basis of the guidelines cited above, and the patient's current duration of use, lorazepam is indicated as not medically necessary and is indicated as non- certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lorazepam 1mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** This 54 year old male has had chronic cervical and lumbar spine pain since date of injury 12/1/10 and has been treated with lorazepam since at least 10/ 2012. Per the MTUS guidelines cited above, benzodiazepines are not recommended for long term use. The

long term efficacy of benzodiazepines is unproven and there is a significant risk of dependence on this class of medication. Use of benzodiazepines is recommended for no longer than 4 weeks. On the basis of the guidelines cited above, and the patient's current duration of use, lorazepam is indicated as not medically necessary and is indicated as non- certified.