

<b>Case Number:</b>	CM13-0056194		
<b>Date Assigned:</b>	04/28/2014	<b>Date of Injury:</b>	09/29/2003
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	11/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/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 49 year old female who was injured on 09/29/2003. Mechanism of injury is unknown. She carries a diagnosis of major depression, insomnia, cervical and lumbar degenerative disc disease complicated by radiculopathy and patient is status post multiple cervical and lumbar surgeries. Prior psychiatric medication treatment history has included Lexapro and Ativan, both recommended by her Psychiatrist, [REDACTED]. In a note by the patient's Psychiatrist, [REDACTED] on 7/16/13, the patient is noted to have reduced anxiety, reduced depression and reduced insomnia on treatment. She is prescribed Lexapro for depression and Ativan for insomnia. Patient is reported as not having any suicidal ideations or hallucinations, and her thought content is normal. She denies any panic attacks. Also denies illicit drug use and only very occasional alcohol use. Urine drug screens provided in the records do not demonstrate evidence of substance abuse.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LORAZEPAM 2MG #90, 90 DAY SUPPLY:** 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 based on Non-MTUS Citation Official Disability Guidelines (ODG), Benzodiazepine (Lorazepam) guidelines.

**Decision rationale:** According to the California Medical Treatment Utilization Schedule (MTUS) guidelines, Benzodiazepines is not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. The medical records document complaining of insomnia and has been on Ativan since 7/16/13. In the absence of documented significant improvement of patient insomnia, trial of sleep hygiene methods and the long term use of this medication, the request is not medically necessary according to the guidelines.