

<b>Case Number:</b>	CM14-0002498		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	05/11/2012
<b>Decision Date:</b>	06/16/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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 Occupational 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 applicant is a represented dairy employee who has filed a claim for low back pain and anxiety disorder reportedly associated with an industrial injury of May 11, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; earlier lumbar spine surgery; and muscle relaxants. In a Utilization Review Report dated December 4, 2013, the claims administrator denied a request for Lorazepam 1 mg #60, citing page 24 of the MTUS Chronic Pain Medical Treatment Guidelines. The applicant's attorney subsequently appealed. A November 20, 2013 progress note was notable for comments that the applicant was having financial constraints and was no longer receiving monies through the Workers' Compensation System. The applicant stated that he would make an attempt to return to work in an alternate capacity that did not involve heavy physical labor. The applicant was on Naprosyn, Ultracet, and Flexeril, it was stated. Limited lumbar range of motion was noted. Prescriptions for Ultracet, Naprosyn, Ativan, and Protonix were endorsed, along with the back brace.

### 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.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in chapter 15, page 402, anxiolytics such as Lorazepam may be appropriate for brief periods, in cases of overwhelming symptoms, to allow an applicant with the ability to recoup emotional resources. Anxiolytics are not, however, recommended as a first-line therapy. They are not recommended for the chronic, long term, scheduled, and twice daily use for which Lorazepam is being proposed here. Therefore, the request is not medically necessary here.