

<b>Case Number:</b>	CM14-0103560		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	03/17/2008
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 59-year-old individual was reportedly injured on March 17, 2008. The mechanism of injury was noted as a cumulative trauma type event. The most recent progress note, dated July 16, 2014, indicated that there were ongoing complaints of left shoulder pain. The physical examination demonstrated decreased function and changes consistent with impingement syndrome. Diagnostic imaging studies objectified changes to the distal supraspinatus without a full thickness rotator cuff tear. Previous treatment included carpal tunnel release, ulnar nerve transposition, postoperative rehabilitation, multiple medications and pain management interventions. A request had been made for Lorazepam and was not certified in the pre-authorization process on June 4, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lorazepam .05mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 -9792.26; MTUS (Effective July 18, 2009) Page(s): 24.

**Decision rationale:** Ativan (Lorazepam) is a benzodiazepine that is not recommended for long-term use because of unproven long-term efficacy and significant risk of psychological and physical dependence or addiction. The use of this medication is limited to 4 weeks. When noting that the use of this medication is ongoing, and that there is no support for long-term use, and that weaning will likely be required, this medication is not medically necessary.