

<b>Case Number:</b>	CM14-0014907		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	02/07/2003
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2014

### 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:

This is a 56-year-old female with a date of injury of 2/7/03. The mechanism of injury occurred to her back in a lifting incident. On 10/8/13, she complained of bilateral lower back pain, with left worse than right, radiating into the left leg with numbness and paresthesias. On exam, she has restricted range of motion, tenderness upon palpation of the coccyx. The diagnostic impression is failed back surgery syndrome, left lumbar radiculopathy, lumbar strain and sprain, and lumbar post laminectomy syndrome. Her treatment to date includes surgery and medication management. A UR decision dated 1/27/14, denied the request for Lorazepam. The notes submitted indicated that the patient has been prescribed Lorazepam since at least 7/9/13. However, the clinical notes indicate that the patient is not in acute distress and there is no clear indication that the patient is currently diagnosed with anxiety. In addition, there is no documentation of stated benefit from the use of Lorazepam. The request was modified from the clinical notes detailing the treatment plan recommendation of a refill of #30 tablets with two refills. The request was modified to Lorazepam 1mg #15 with no refills to allow for weaning purposes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LORAZEPAM 1 MG #30 WITH 2 REFILLS:** Upheld

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

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

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They are 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. However, the patient has been on Lorazepam since at least 7/9/13 and there is no clear indication that the patient has anxiety. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The UR review modified the request from the #30 with two refills to #15 with no refills to allow tapering. Therefore, the request for Lorazepam 1mg #30 with 2 refills was not medically necessary.