

<b>Case Number:</b>	CM14-0016442		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	12/08/2004
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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, has a subspecialty in Interventional Spine 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 56-year-old female with a date of injury of 12/08/2004. The listed diagnoses per treating physician are mild residual right shoulder impingement syndrome, status post right shoulder arthroscopic subacromial decompression; residual left shoulder impingement syndrome; cervical ddd, status post C5-C6 fusion with left iliac crest bone graft; and chronic cervicalgia. According to report dated 10/30/2013 by [REDACTED], patient presents with chronic pain in her neck, shoulders, left pelvis, left lower back, hip, and knee with associated migraine headaches and pain in her left jaw. The patient has undergone right shoulder surgery on 05/28/2013 and is currently attending physical therapy. It is noted the patient has trialed Tramadol 50 mg for pain and seems to benefit from it with no side effects. Patient notes approximately 50% reduction in pain with Tramadol and 80% improvement with Imitrex. Patient is currently taking Tramadol, Imitrex, Ativan and using Voltaren Gel. Recommendation was for patient to continue medication. The Utilization review is dated 01/31/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LORAZEPAM TAB 1 MG, 30 DAYS SUPPLY, QUANTITY 30:** Upheld

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

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

**Decision rationale:** The MTUS Guidelines page 24 states, "Benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." Progress reports from 07/31/2013 through 12/18/2013 were reviewed. Although, a short course of lorazepam may be indicated. None of the progress reports provide any discussion on why this medication is being prescribed. Benzodiazepines run the risk of dependence and difficulty of weaning per MTUS. It is not recommended for long-term use and the treating physician did not specify if it is for short term only. The request for Lorazepam tab 1 mb, 30 day supply, quantity 30 is not medically necessary and appropriate.