

<b>Case Number:</b>	CM14-0016617		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	09/30/1998
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	01/17/2014
<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 Internal Medicine and is licensed to practice in Arizona. 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 injured worker is a 71year old man with a medical history of COPD, hypertension, insomnia and chronic right foot pain due to a work-related injury sustained on 9/30/1998. He has had multiple surgeries to the right foot for reconstruction and right knee and shoulder replacements. He has a diagnosis of right ankle arthropathy. He is treated with multiple medications including zolpidem, citalopram, trazadone, gabapentin, and omeprazole. He was evaluated in the ED on 9/24/13 with a diagnosis of cellulitis of the right foot/ankle. He was planned for further surgery for the right ankle arthropathy but due to the cellulitis this was cancelled. Primary provider notes dated 11/20/13 note the injured worker is very anxious and all joints were painful. On 1/8/14 lorazepam 1mg by mouth three times a day was prescribed for sleep and anxiety. Medication lists indicate the patient had been treated with lorazepam since at least 11/13. Utilization review dated 1/16/14 yeilded a modified decision of #45 tablest for tapering the medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LORAZEPAM 1MG, #90:** 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 Page(s): 24. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, 9792.20-9792.26, 24

**Decision rationale:** The injured worker has anxiety and insomnia and is being prescribed multiple medications including zolpidem and lorazepam. Lorazepam is a benzodiazepine medication. Benzodiazepines 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Tolerance to benzodiazepines occurs rapidly. The chronic use of benzodiazepines is the treatment of choice in very few conditions. In this case the patient has been prescribed lorazepam for more than 4 weeks for anxiety and insomnia. Tolerance to anxiolytics occurs within months and can actually exacerbate anxiety. The use of lorazepam chronically is not medically necessary for this patient with insomnia and anxiety.