

<b>Case Number:</b>	CM14-0017926		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	12/16/2002
<b>Decision Date:</b>	06/03/2014	<b>UR Denial Date:</b>	02/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 50-year-old male who reported an injury on 12/10/2002 secondary to lifting. The diagnosis is lumbar spine discopathy. The urine drug screen dated 07/30/2013 indicates lorazepam is not detected in the sample and inconsistent with prescription therapy. The urine drug screen dated 10/21/2013 indicates lorazepam is not detected in the sample and is inconsistent with prescription therapy. The injured worker was evaluated on 01/29/2014 for reports of low back pain with numbness in the left leg and nervousness and stress. The treatment plan includes refills for Norco, Flexeril and Ambien and continued home exercise program. The request for authorization was not found nor was the most recent rationale for ongoing use of lorazepam.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE PHARMACY PURCHASE OF LORAZEPAM 1MG #60 (DATE OF SERVICE: 1/3/14): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation WEB-BASED EDITION ([HTTP://WWW.DIR.CA.GOV/T8/CH4\\_5SB1A5\\_5\\_2.HTML](http://www.dir.ca.gov/T8/CH4_5SB1A5_5_2.HTML)) AND THE OFFICIAL DISABILITY GUIDELINES, TREATMENT IN WORKERS COMPENSATION, 2014 WEB-BASED EDITION.

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that benzodiazepines (Lorazepam) are not recommended for long-term use. The efficacy is unproven and there is a risk of dependence. There is no evidence in the documentation provided of an anxiety disorder diagnosis or assessment of the effectiveness of the medication. The medication has been prescribed since at least 07/30/2013. There is also evidence of use, inconsistent with prescription therapy of lorazepam, based on the submitted urine drug screens. Based on the documentation provided, the request is non-certified.