

<b>Case Number:</b>	CM14-0130462		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	02/06/2006
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 57 year old female who reported an injury on 02/06/2006. The mechanism of injury was not provided. The injured worker was diagnosed with major depression with anxiety, chronic pain syndrome associated with both psychological factors and general medical condition. The injured worker was treated with medication and behavioral therapy. The injured worker's medical records did not indicate a surgical history or subjective complaints. On the psychiatric progress note dated 07/16/2014, it was noted the injured worker had a Beck anxiety inventory score of 38 which indicated severe anxiety. The injured worker was prescribed Cymbalta, Lorazepam, and Ambien. The treatment plan was for Lorazepam 0.5 mg #30 one a day as needed x 6 months to titrate or change as needed. The rationale for the request was not indicated in the medical records from the physician. The request for authorization was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lorazepam 0.5mg #30 one a day as needed x 6 Months to titrate or change as needed:**  
Upheld

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

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

**Decision rationale:** The request for Lorazepam 0.5 mg #30 one a day as needed x 6 months to titrate or change as needed is not medically necessary. The injured worker was diagnosed with major depression with anxiety, chronic pain syndrome associated with both psychological factors and general medical condition. The California MTUS guidelines do not recommend benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence and limit the use to 4 weeks. The injured worker has been prescribed Lorazepam since at least 07/16/2014. The continued use of the medication would exceed the guideline recommendation for short term use. The request is for 6 months with titration and changes as needed; however, the need for titration and changes cannot be established without continued follow-up and reassessment during the course of treatment with the medication. As such, the request for Lorazepam 0.5 mg #30 one a day as needed x 6 months to titrate or change as needed is not medically necessary.