

<b>Case Number:</b>	CM14-0022606		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	02/07/2003
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/21/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back with derivative anxiety reportedly associated with an industrial injury of February 7, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; opioid therapy; anxiolytic medications; psychotropic medications; multiple interventional spine procedures; and an earlier lumbar fusion surgery in 2003. In a Utilization Review Report dated February 12, 2014, the claims administrator partially certified a request for lorazepam, a benzodiazepine anxiolytic, for weaning purposes. The applicant's attorney subsequently appealed. In a clinical progress note dated April 29, 2014, the applicant was described as reporting persisting complaints of low back pain radiating to the legs. The applicant was on Colace, Cymbalta, Prilosec, Fiorinal, oxycodone, and Ativan, it was stated. It was stated the applicant was using Ativan on a daily basis for anxiety and sleep purposes. The applicant was described as using Ativan on an earlier progress note of February 20, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LORAZEPAM 1MG #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 ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402, anxiolytics may be appropriate for brief periods, in cases of overwhelming symptoms, so as to afford an applicant with an ability to recoup emotional and psychological resources. In this case, however, the attending provider is seemingly proposing that the applicant use lorazepam (Ativan) for chronic, long-term, and daily use purposes for anxiety and sleep. This is not indicated, appropriate, or supported by ACOEM. Therefore, the request is not medically necessary.