

<b>Case Number:</b>	CM14-0028366		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	01/27/2011
<b>Decision Date:</b>	07/16/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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 Orthopedic Surgery 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 injured worker is a 61-year-old male who was reportedly injured on January 27, 2011. The mechanism of injury was noted as falling down a hill and hitting a curb. The most recent progress note, dated April 1, 2014, indicated that there were ongoing complaints of neck pain, left elbow pain, right sided rib pain, upper back pain, lower back pain and right hip pain. The physical examination demonstrated cervical spine paravertebral tenderness and a normal upper extremity neurological examination. Also, a physical examination of the left elbow noted mild tenderness over the olecranon bursa. There were thoracic spine paravertebral muscle spasms, lumbar spine paravertebral tenderness and a normal lower extremity neurological examination. Diagnostic imaging studies objectified narrowing of the C6 neural foramen, minimal endplate degenerative changes of the thoracic spine and mild retrolisthesis of the lumbar spine at L5-S1. Previous treatment included chiropractic care, physical therapy, acupuncture treatment, pool therapy, all of which provided temporary relief. A request had been made for lorazepam and was not certified in the pre-authorization process on February 6, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LORAZEPAM TAB 1MG #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Benzodiazepines Page(s): 24 of 127.

**Decision rationale:** Benzodiazepines such as lorazepam are not recommended for long-term use, because their long-term efficacy is unproven and there is risk of dependence. Chronic benzodiazepines are the treatment of choice for very few conditions and tolerance develops rapidly. It is unclear how long the injured employee has been taking lorazepam; however, as this request is for weaning of this medication, this request for 60 tablets of Lorazepam to wean over two months time is medically necessary.