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| <b>Case Number:</b>   | CM14-0035519 |                              |            |
| <b>Date Assigned:</b> | 06/23/2014   | <b>Date of Injury:</b>       | 01/03/2005 |
| <b>Decision Date:</b> | 07/28/2014   | <b>UR Denial Date:</b>       | 03/12/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/22/2014 |

### 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 Psychiatry 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:

This is a 43 year old male with date of injury 1/3/2005. Date of UR decision was 03/12/2014. Mechanism of injury was assault at work in which he was stabbed in the abdomen. He suffers from bilateral low back pain radiating to right buttock, right posterior thigh and right posterior calf. AME Report dated 4/16/2014 suggests that injured worker reports depression which is brought on by constant pain, reports nightmares, some panic attacks, anxiety, lack of sleep. He has sadness, depression, anxiety, nervousness, stress, difficulty falling asleep/staying asleep. Diagnosis given are Major depressive disorder with psychotic features, Dysthymia, Pain disorder associated with both psychological factors and general medical condition. Report from Psychiatrist dated 7/20/2013 lists diagnosis of Major depressive disorder, single episode, severe and Post Traumatic Stress Disorder, chronic. Report from 6/27/2013 suggests that injured worker experiences dissociative type panic, has trouble falling asleep and staying asleep and has nightmares. He is being prescribed pristiq, trazodone, abilify, and lorazepam. He has been tried on quetiapine, Cymbalta and fluoxetine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription for Lorazepam 1mg #30:** Upheld

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

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

**Decision rationale:** MTUS states "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. Chronic benzodiazepines are the treatment of choice in very few conditions. The injured worker has been continued on lorazepam on long-term basis which is not recommended per the guidelines due to the issues of tolerance, abuse/dependence etc. The request for Lorazepam 1 mg #30 is not medically necessary.