

<b>Case Number:</b>	CM14-0057979		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	08/28/2002
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	04/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 67 year old female who was injured on 8/28/2002. She was diagnosed with forearm pain, weakness of hands, arthritis of hands and wrists, chronic anxiety, and depression. She was treated with opioids, NSAIDs, antidepressants, topical analgesics, and muscle relaxants according to the records provided for review. On 3/5/2014, the worker was seen by her pain specialist provider complaining of her weak and painful hands and arms. She also reported continuing to experience depression and anxiety related to her pain, even while taking Bupropion daily. She was then recommended to continue her Nucynta, Norco, increase her Bupropion dose from 100 mg to 150 mg daily and add Lorazepam 1 mg three times daily.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lorazepam 1 mg. QTY: 90:** Upheld

**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.

**Decision rationale:** The MTUS Guidelines for Chronic Pain state that benzodiazepines are not recommended for long-term use due to their risk of dependence, side effects, and higher

tolerance with prolonged use and as the efficacy of use long-term is unproven. The MTUS suggests that up to 4 weeks is appropriate for most situations when considering its use for insomnia, anxiety, or muscle relaxant effects. In the case of this worker, her pain specialist prescribed Lorazepam for the purpose of helping the worker with her anxiety, and wanted her to take it three times daily for a full month. It appears that the intention was to continue this medication for longer than this period for daily chronic use, which is not recommended by the MTUS. Therefore, the Lorazepam is not medically necessary.