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| <b>Case Number:</b>   | CM14-0063675 |                              |            |
| <b>Date Assigned:</b> | 07/11/2014   | <b>Date of Injury:</b>       | 05/27/2011 |
| <b>Decision Date:</b> | 09/15/2014   | <b>UR Denial Date:</b>       | 04/30/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/05/2014 |

### 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 Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicated that this 30 year-old female was reportedly injured on 5/27/2011. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated 4/23/2014, indicated that there were ongoing complaints of left ankle pain. The physical examination demonstrated positive tenderness to palpation and percussion superficial Peroneal nerve distribution of the left ankle. The wounds were healed, and there was pain to resisted manual muscle testing as well as with palpation of the lateral left ankle. No recent diagnostic studies are available for review. Previous treatment includes injections, medications, and conservative treatment. A request was made for Lorazepam 1 mg #60 and was not certified in the pre-authorization process on 4/29/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lorazepam 1mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 -9792.26; MTUS (Effective July 18, 2009) Page(s): 24 OF 127.

**Decision rationale:** The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, page 24. The Expert Reviewer's decision rationale: Ativan (Lorazepam) is a benzodiazepine that is not recommended for long-term use because of unproven long-term efficacy and significant risk of psychological and physical dependence or addiction. The use of this medication is limited to 4 weeks. It has been noted that this medication has been used as an on-going treatment and there is no rationale included for long-term use. Therefore, the request for this medication is deemed not medically necessary.