

<b>Case Number:</b>	CM14-0073996		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	05/04/1987
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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 Physical Medicine and 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, indicate that this 53-year-old female was reportedly injured on May 4, 1987. The mechanism of injury is noted as playing baseball at a mandatory picnic and being struck in the face by a baseball. The most recent progress note, dated April 11, 2014, indicated that there were ongoing complaints of left sided head pain. Current medications include lorazepam and Relpax. The physical examination demonstrated decreased sensation over the lower half of the left side of the face. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included oral medications. A request had been made for lorazepam and was not certified in the pre-authorization process on May 5, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lorazepam 2mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

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

**Decision rationale:** Ativan (Lorazepam) is a benzodiazepine used to treat anxiety 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. The injured employee was stated to have anxiety secondary to the usage of Neurontin, which has been discontinued. When noting that there is long-term usage of this medication and that Neurontin has now been discontinued, this request for lorazepam is no longer medically necessary.