

<b>Case Number:</b>	CM14-0083602		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	11/07/2006
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 surgeon and is licensed to practice in Arizona. 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 40-year-old male who sustained an injury on 11/7/2006 when while getting off the back of a trailer he hyperextended his left knee. In addition to the knee pain, he also has low back pain and tenderness with radiation to both legs. As part of his medication regiment the patient has been taken lorazepam since December 20, 2013. The progress note of 4/9/2014 states the left knee is getting worse and there is constant severe pain in the back and both legs. The patient states that he needs assistance with all forms of daily living. A request is made for lorazepam 2-4 mg at bedtime for anxiety and sleep.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lorazepam 2mg 1-2 Q HS for anxiety and sleep:** 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 benzodiazepine Page(s): 24.

**Decision rationale:** 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. Long-term use may actually increase anxiety. Therefore, since the guidelines do not recommend

long-term use of benzodiazepines, the medical necessity for continuing to use lorazepam has not been established.