

<b>Case Number:</b>	CM14-0120020		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	06/28/1992
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 injured worker is a 54-year-old male who sustained an industrial injury on 06/28/92. Initial complaints and diagnoses are not available. Treatments to date include a spinal cord stimulator trial, spinal fusion surgeries, medications, and a lumbar Epidural Steroid Injection (ESI). Diagnostic studies include lumbar MRI, provocative discogram, and an EMG. Current complaints include ongoing pain in his low back, radiating down to both lower extremities. In a progress note dated 06/18/14 the treating provider reports the plan of care as an ESI at S2 bilaterally, spinal cord stimulator trial, medications to include Percocet, Norco, Ultram, Anaprox, Prilosec, Ativan, And Valium, He also received trigger point injections in the office on the date of service. The requested treatment is Ativan.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lorazepam 1 mg # 60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Compensation, Pain Chapter.

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

**Decision rationale:** The patient presents with pain and weakness in his lower back and lower extremity. The patient is s/p spinal cord stimulator trial in 2013. The request is for LORAZEPAM 1MG #60. Per 07/24/14 progress report, the patient has been utilizing Percocet, Norco, Ultram, Soma, valium, Anaprox and Prilosec. "The patient will be evaluated with [REDACTED] psychologist, as the patient has been under a lot of stress and is starting to have GI complaints." Work status is unknown. Lorazepam (trademarked as Ativan or Orfidal) is a high-potency, intermediate-duration, 3-hydroxy benzodiazepine drug, often used to treat anxiety disorders. The MTUS Guidelines page 24 states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." In this case, the 06/18/14 progress report indicates that the patient had utilized Lorazepam and Diazepam for anxiety attack. The treater does not document how long Lorazepam had used with what effectiveness. Benzodiazepines run the risk of dependence and difficulty of weaning per MTUS and ODG Guidelines. MTUS guidelines do not recommend use of Lorazepam for prolonged periods of time and state that most guidelines "limit use of this medication to 4 weeks." The treater does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.