

<b>Case Number:</b>	CM14-0173355		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	01/25/2000
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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 Occupational Medicine and is licensed to practice in California. 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:

Injured worker (IW) is a 51 year old male who sustained an industrial injury on 01/25/2000. 04/02/14 office note documented complaints of severe intractable low back pain and radiculopathy, with history of lumbar laminectomy. Pain medications included OxyContin, Norco, and Zanaflex. IW was under concurrent care of a psychiatrist for management of depression and psychotropic medications. 04/22/14 IW's psychiatrist requested lorazepam 1 mg for anxiety not to exceed 4 in 24 hours. Flurazepam and bupropion were also requested. 04/30/14 pain management note stated that IW was receiving clonazepam per his psychiatrist. 06/06/14 psychiatric office note documented current medications including Adderall, bupropion, carisoprodol, clonazepam, Cymbalta, flurazepam, hydrocodone, lorazepam, Lunesta, megestrol, Norco, and oxycodone. Chief complaint was severe pain making depression worse. IW reported that he had been unable to fill his bupropion. Mood was noted to be sad/depressed and anxious. He was noted to be unstable due to poorly controlled pain. Subsequent psychiatric office notes documented ongoing use of the benzodiazepines clonazepam and flurazepam, but not lorazepam. 06/25/14 urine drug screen (UDS) was positive for opiate and oxycodone but negative for benzodiazepine on confirmatory testing. Inconsistent UDS results for benzodiazepine were not mentioned in subsequent office notes. 09/30/14 utilization review stated that in peer discussion treating physician had indicated that treatment plan included continuation of clonazepam and flurazepam with gradual weaning from lorazepam. Request for IMR states that the requested lorazepam #60 is for weaning off over the next 3 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lorazepam 1mg 1 TID PRN anxiety #120, 1 or 2 QHS NTE 4/24 hrs: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Weaning of Medications Page(s): 24, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Benzodiazepines

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

**Decision rationale:** MTUS does not support long-term use of benzodiazepines, noting rapid development of tolerance to this class of medications' hypnotic, anxiolytic, and muscle relaxant effects. Significant symptomatic or functional improvement is not documented in this case with use of multiple benzodiazepines including lorazepam, clonazepam, and flurazepam. A recent drug screen negative for benzodiazepines suggests noncompliance, but there is no documentation that this information has been addressed by IW's treating physicians. Medical necessity is not established for the requested lorazepam. While MTUS recommends weaning from benzodiazepines to avoid withdrawal, due to ongoing prescriptions for other benzodiazepines and evidence of non-compliance with benzodiazepine therapy per UDS, a weaning regimen for lorazepam is not supported by the submitted information.