

<b>Case Number:</b>	CM15-0009475		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	04/11/2003
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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, Hawaii  
 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 (IW) is a 44-year-old male who sustained an industrial injury on 04/11/2003. He has reported bilateral knee pain and depression. Diagnoses include arthrosis, bilateral knees. Treatments to date include ice, elevation, and an unloader brace for the left knee, and Synvisc injections to bilateral knees. A progress note from the treating provider dated 12/03/2014 indicates the worker's pain level rated at a 4/10, and the IW was in the process of having 3 rounds of injections in both knees. Current medications were Lamotrigine, Lexapro, Lorazepam and Seroquel. On 01/10/2015 Utilization Review modified a request for 1 Prescription of Lorazepam 1mg #30 with 3 refills Lorazepam 1mg #15 with no refills between 12/18/2014 and 05/08/2015. The MTUS Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 Prescription of Lorazepam 1mg #30 with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, and Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

**Decision rationale:** The patient has bilateral knee pain, depression and anxiety. The current request is for Lorazepam 1mg #30 with 3 refills. Lorazepam is in a group of drugs called Benzodiazepines. Lorazepam is used to treat anxiety. The MTUS guidelines states that Lorazepam is 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this case, the patient has been receiving prescriptions of this medication since at least April of 2014. This is inconsistent with the current medical treatment guidelines and as such, my recommendation is for denial.