

<b>Case Number:</b>	CM15-0107389		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	09/24/2007
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 37 year old female who sustained an industrial injury on 9/24/07. The injured worker was diagnosed as having lumbar degenerative disc disease, bilateral lower extremity radiculopathy. There associated diagnoses of anxiety disorder, depression, stress and insomnia. On 4/21/2015, the injured worker was still complaining of low back pain, stress, and insomnia. The anxiety was noted to be 'out of control' due to pending legal issues. Previous treatments included activity modification, medication management and physical therapy. Previous diagnostic studies included a magnetic resonance imaging and radiographic studies. The plan of care was for medication prescriptions. The medications listed are ibuprofen, Wellbutrin, Colace, Flexeril, Percocet, Amitriptyline and Lorazepam. The 4/2/2015 UDS was noted to be consistent.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lorazepam . 5mg #15:** 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, 78, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental Illness and Stress.

**Decision rationale:** The CA and the ODG guidelines recommend that the use of benzodiazepines in the treatment of anxiety or insomnia be limited to short term of less than 4 weeks. The chronic use of benzodiazepines can be associated with the development of tolerance, dependency, addiction, sedation and adverse interactions with opioids and sedative medications. The records indicate that the patient had utilized Lorazepam longer than the guidelines recommended maximum duration of 4 weeks. There is no documentation of functional restoration as the patient had continued to report severe anxiety, stress and insomnia. The guidelines recommend that mood stabilizing anticonvulsant and antidepressant analgesic medications be utilized for long-term treatment of anxiety associated with chronic pain syndrome. The criterion for the utilization of Lorazepam 0.5mg #15 was not met. Therefore, the request is not medically necessary.