

<b>Case Number:</b>	CM15-0132109		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	02/06/2001
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2015

### 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: New York  
 Certification(s)/Specialty: Emergency Medicine

### 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 59 year old female, who sustained an industrial injury on February 6, 2001. The injured worker was diagnosed as having lumbar radiculopathy. Treatments and evaluations to date have included physical therapy, epidural injections, physical therapy, and medication. The injured worker complains of low back and left leg pain. The Primary Treating Physician's report dated June 11, 2015, noted the injured worker reported doing "okay", working full time six plus days, with no changes, rating her pain a 3/10 with medications. The injured worker was noted to be alert and oriented times three. The injured worker's medications were listed as Norco, Ativan, and Motrin. The treatment plan was noted to include refilling the medication prescriptions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 tablets of Lorazepam 1 mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) - Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Benzodiazepines, Lorazepam.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines note benzodiazepines are not recommended for long-term use. Long-term efficacy is unproven and there is a risk of dependence, with most guidelines limiting use to 4 weeks. The 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." The Official Disability Guidelines (ODG) notes that Lorazepam is not recommended. Benzodiazepines are not recommended as a first line medication, however if prescribed the criteria for use includes that indications for use should be provided at the time of initial prescription, and authorization after a one-month period should include the specific necessity for ongoing use as well as documentation of efficacy. The injured worker was noted to have been prescribed the Lorazepam since at least December 2014, without documentation of the indication for use or for the efficacy of the treatment. Therefore, based on the guidelines, the documentation provided did not support the medical necessity of the request for 60 tablets of Lorazepam 1 mg. The request is not medically necessary.