

<b>Case Number:</b>	CM15-0182035		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	02/03/1999
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### 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  
 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 71 year old female who sustained an industrial injury on 02-03-1999. Current diagnoses include degeneration of cervical intervertebral disc, neck sprain, spasm of cervical paraspinous muscle, torticollis, and chronic neck pain. Report dated 08-17-2015 noted that the injured worker presented with complaints that included neck pain with radiation to the right shoulder with associated spasm throughout her neck. Pain level was 10 (without medications) and 3 (with medications) out of 10 on a visual analog scale (VAS). Current medication regimen includes Norco. Physical examination performed on 08-17-2015 revealed an antalgic gait, cervical tenderness, severe spasm on both sides of the cervical spinous and paraspinous muscles and ligaments. It was further noted that the injured worker cannot raise head to fully neutral, flexion and rotation are 60% restricted, and extension is unable to be done, and positive Spurling's. Previous treatments included medications. The treatment plan included continue using heat, ice, rest, and gentle stretching and exercise, request for continued medication coverage, and follow up in one month. The injured worker has been prescribed lorazepam since at least 11-06-2014. The utilization review dated 08-21-2015, non-certified the request for lorazepam.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lorazepam 0.5mg, #25 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) Chapter, under Benzodiazepine.

**Decision rationale:** The patient presents with neck pain radiating to the right shoulder. The request is for LORAZEPAM 0.5MG, #25 WITH 2 REFILLS. Physical examination to the cervical spine on 08/17/15 revealed tenderness to palpation to the paraspinal muscles with spasm. Range of motion was noted to be limited in all planes. Per 06/10/15 progress report, patient's diagnosis include degeneration of cervical intervertebral disc, neck strain, spasm of cervical paraspinal muscle, torticollis, and chronic neck pain. Patient's medication, per 03/11/15 progress report includes Norco. Patient's work status was not specified. ODG guidelines, Pain (chronic) Chapter, under Benzodiazepine, have the following regarding insomnia treatments: "Not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks." MTUS Chronic Pain Medical Treatment Guidelines, page 24, Benzodiazepine section states, "Benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." MTUS p60 states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The treater has not discussed this request; no RFA was provided either. Review of the medical records provided indicate that the patient has been utilizing Lorazepam since at least 11/06/14. The treater has not discussed the efficacy of this medication in any of the reports provided. MTUS requires a record of pain and function when medication is taken for pain. Furthermore, ODG guidelines recommend against the use of Lorazepam for more than 4 weeks. The request is not in line with guideline recommendations and therefore, it IS NOT medically necessary.