

<b>Case Number:</b>	CM15-0194239		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	02/05/1999
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 49-year-old male who sustained an industrial injury on 2-5-1999. Diagnoses related to this request have included Major Depression, single episode, severe. Non-psychiatric diagnoses have included chronic pain, lumbago, thoracic-lumbosacral neuritis or radiculitis, and post laminectomy syndrome- lumbar region. Documented treatment includes previous psychiatric care, psychological care, at least 10 visits of psychotherapy, and he began seeing a new psychiatrist on 6-2-2015 due to retirement of the previous provider. The current records do not provide information regarding when he had last been treated. At the 6-2-2015 initial visit, the psychiatrist noted that the injured worker had become "increasingly depressed," and had not been taking psychotropic medication since his previous psychiatric care. Objectively, the physician noted depressed affect, and the injured worker acknowledged suicide ideation with no active plan, difficulty with concentration, difficulty with immediate memory, morbid rumination, and it is noted that the injured worker had become irritable and socially isolated. At this visit, the psychiatrist re-started him on Ambien and Effexor, and stated the injured worker should engage in psychotherapy. On 6-30-2015 a request was submitted for Lorazepam. A progress note on 8-4-2015 states urine drug tests and CURES reports "are appropriate" and the injured worker takes medication appropriately. Subsequent psychiatric notes are not included in the provided medical records addressing response to the psychiatric treatment plan. The treating physician's plan of care includes Lorezepam 1 mg #30, which was modified to #15.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lorazepam 1mg quantity 60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

**Decision rationale:** According to the CA MTUS Chronic Pain Medical Treatment Guidelines, page 24, regarding benzodiazepines, "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 exam note from 6/2/15 does not demonstrate a quantitative assessment of improvement in functional activity while on the medication. In addition, there is no mention of prior response to this medication, increase in activity of a urine toxicology report demonstrating compliance. Therefore the request for lorazepam/ativan is not medically necessary and is not certified.