

<b>Case Number:</b>	CM15-0023752		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	08/09/2010
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 57 year old, male patient, who sustained an industrial injury on 08/09/2010. A primary treating office visit dated 01/05/2015 reported subjective complaint of continued spasm at the base of neck. Objective findings showed upon palpation of trapezius muscle resulted in referred pain to the bilateral shoulders; range of motion noted decreased. Radiograph study noted cervical spine with stable fusion from C3-7; there is disc collapse at the C7-T1 region. A trigger point injection was administered to the cervical spine. The following diagnoses are applied; s/p anterior/posterior C3-7 fusion with decompression on 06/06/2013; s/p endoscopic right tunnel release 12/21/2010; s/p right cubital tunnel release 12/21/2010, s/p left knee arthroscopic surgery 04/2008 and right shoulder impingment with tear; lumbar spondylosis. Pending is a transcutaneous nerve stimulator unit. The following medications are prescribed Duexis, Tramadol and muscle relaxants. A request was made for Lorazepam. On 01/27/2015, Utilization Review, non-certified the request. The injured worker submitted an application on 02/09/2015, for independent medical review of requested service.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lorazepam tablet 1mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines , Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action include: sedation, anxiolytic, anticonvulsant and muscle relaxant. In this case, the claimant had been on antidepressant (SSRI) for managing depression and anxiety with prior use of Alprazolam (another Benzodiazepine) for several months. Long-term use of a Benzodiazepine is not recommended and the use of Lorazepam for anxiety or muscle relaxation is not medically necessary.