

<b>Case Number:</b>	CM15-0025362		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	12/31/2005
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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: District of Columbia, Virginia  
 Certification(s)/Specialty: Internal 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 43 year old female with an industrial injury dated December 31, 2005. The injured worker diagnoses include discogenic cervical condition, discogenic lumbar condition, right shoulder impingement, right knee internal derangement and right ankle sprain/strain. She has been treated with diagnostic studies, radiographic imaging, prescribed medications, psychiatry consultation and periodic follow up visits. In a progress note dated 1/15/2015, the treating physician noted tenderness across the cervical and lumbar paraspinal muscles bilaterally. Documentation also noted right knee pain and a positive lateral McMurray sign. The treating physician prescribed retrospective request for Lorazepam tab 1mg # 60 with 1 refill; date of service 01/20/15 for anxiety. Utilization Review determination on February 4, 2015 modified the request to Lorazepam tab 1mg # 60 with no refills, citing MTUS Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(Retro) DOS 01/20/15 Lorazepam Tab 1mg # 60 with 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792  
Page(s): 24.

**Decision rationale:** Lorazepam is a benzodiazepine. Per MTUS: 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. (Baillargeon, 2003) (Ashton, 2005) Chronic usage of this medication would not be indicated or recommended.