

<b>Case Number:</b>	CM15-0211604		
<b>Date Assigned:</b>	10/30/2015	<b>Date of Injury:</b>	09/30/1997
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	10/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2015

### 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: Washington, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 71 year old female who sustained an industrial injury 09-30-97. A review of the medical records reveals the injured worker is undergoing treatment for lumbosacral neuritis, lumbar post laminectomy syndrome, cervical disc degeneration, cervicgia, plantar fasciitis, and pain in the limb. Comorbid conditions include obesity (BMI 30.06). She is currently not working. Prior treatment included back surgery, chiropractic therapy, physical therapy, acupuncture, epidural steroid injection, and medications (including lorazepam, Duexis, Protonix, Cymbalta, Lidoderm patches, Ambien, and Percocet). Medical records on 07-01-15 revealed the injured worker complained of neck and wrist pain rated at 6/10 and foot and shoulder pain rated at 7/10. Medical records on 09-12-15 revealed the injured worker complained of an increase in the pain in her lower back, and rated it at 6/10. The pain was worse at night and she reported difficulty sleeping. The physical exam at that visit revealed tenderness to palpation over the right lumbar facets, and bilateral thoracolumbar spasms. Painful restricted range of motion is noted in the lumbar spine. Reflex exam was normal. Psychiatric part of the exam noted anxiousness and depressed affect without mood swings or agitation. The treating provider requested on 09-23-15 refills of Duexis, Protonix, Cymbalta, and to start the patient on lorazepam. The original utilization review on 10-19-15 non-certified the request for Lorazepam 2mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lorazepam 2 mg Qty 30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (Chronic) - Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS Stress-Related Conditions 2004, Section(s): Models and Definitions, Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines, Muscle relaxants (for pain).

**Decision rationale:** Lorazepam is a benzodiazepine and indicated for short-term use as a sedative-hypnotic, anxiolytic, anticonvulsant and muscle relaxant. Long-term efficacy is unproven and tolerance to its effectiveness occurs quickly. The MTUS does not recommend its use for long-term therapy. However, if used for longer than 2 weeks, tapering is required when stopping this medication, as the risk of dangerous withdrawal symptoms is significant. This patient is having an exacerbation of her chronic pain with associated poor sleep and with muscle spasms noted on exam. Although she has not been diagnosed with anxiety, the exam also notes the patient to be anxious. The provider does not give reasoning for use of lorazepam so it must be assumed it is being prescribed for its sedative-hypnotic, muscle relaxant and anxiolytic effects. To get these effects it is normally prescribed for use every 12 hours. The provider has only prescribed 30 tablets which equates to 2 weeks therapy. Even though the MTUS does not recommend long term use of benzodiazepines, short-term use to get the patient pasted her present exacerbation of symptoms is an option in therapy. Medical necessity has been established. The request is medically necessary.