

<b>Case Number:</b>	CM15-0223160		
<b>Date Assigned:</b>	11/19/2015	<b>Date of Injury:</b>	12/28/2011
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2015

### 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: North Carolina

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 40 year old female, who sustained an industrial injury on 12-28-2011. A review of the medical records indicates that the worker is undergoing treatment for chronic pain syndrome, bilateral shoulder pain, neck pain, cervical radiculopathy, anxiety, depression and sleep onset and maintenance insomnia secondary to pain. Treatment has included Ambien, Lorazepam (since at least 08-06-2015), Gabapentin and Flexeril. On 06-18-2015, the worker reported unchanged abdominal pain, acid reflux and poor sleep quality. Objective findings were notable for tenderness of the epigastrium to palpation. All other findings were within normal limits. In a progress note dated 08-06-2015, the physician noted that he worker had stopped seeing psych and that prescriptions for Ambien and Lorazepam would be requested "until she gets another psych." Objective findings were noted to show no change but no specific findings were documented. A psychiatric qualified medical examiner report dated 09-11-2015 contained a review of records and the most recent psychologist evaluation report on 06-05-2015 was noted to show Beck depression score of 45 out of 63 in the severe range and Beck anxiety index score was noted to be 37 out of 63 in the severe range. The worker was noted to have been placed on several different psychotropic medications with minimal benefit from all interventions, although no specific medications were mentioned during the review of that report. Subjective complaints (09-24-2015) included neck pain radiating to the arms, bilateral shoulder pain and low back pain. Objective findings showed positive bilateral Spurling's sign and cervical and bilateral shoulder tenderness. A request for Lorazepam refill was submitted. There was no documentation of any current mental status examination findings or the level of effectiveness of Lorazepam at treating the worker's symptoms. A utilization review dated 10-15-2015 modified a request for Lorazepam 0.5 mg #30 to certification of Lorazepam 0.5 mg #15 for weaning to off over 2-3 months.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lorazepam 0.5mg #30:** Upheld

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

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on benzodiazepines states: 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). The chronic long-term use of this class of medication is recommended in very few conditions per the California MTUS. There is no evidence however of failure of first line agent for the treatment of anxiety or insomnia in the provided documentation. For this reason, the request is not medically necessary.