

<b>Case Number:</b>	CM15-0041293		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	09/28/2001
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2015

### 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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 (IW) is a 49-year-old female, who sustained an industrial injury on 09/28/2001. She reported injury to the left hand upper extremity, left hip, neck, bilateral shoulder injury. The injured worker was diagnosed as having multiple fractures as well as an injury to the left hip, shoulder, and left rib fractures. Treatment to date has included a left hand open reduction and external fixation of left hand fractures with sequale of non-union and infections and multiple repeated procedure to attempt reconstruction of left hand. A reconstruction of the left shoulder was complicated by an allergy to the metal components used. The IW has had multiple surgeries and medical complications since the original injury and has received medical, surgical, and psychiatric care. Lorazepam 1 mg is included in her medication list of 07/14/2014 which is the most current physician visit found in this medical record. Lorazepam 1mg #60 is requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lorazepam 1mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** The patient presents with pain affecting the neck, low back, and bilateral leg. The current request is for Lorazepam 1mg #60. The treating physician report dated 7/14/14 (121B), the most recent progress report provided for review, notes that the patient was prescribed Lorazepam, and was instructed to take 1 tablet by mouth twice daily. MTUS page 24 states that Benzodiazepines are 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. The medical reports provided show the patient has been taking Lorazepam since at least 7/14/14. In this case, the current request for Lorazepam is outside the 4 weeks recommended by the MTUS guidelines. Recommendation is not medically necessary.