

<b>Case Number:</b>	CM15-0042208		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	06/06/1996
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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

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 is a 58-year-old male, with a reported date of injury of 06/06/1996. The diagnoses include undifferentiated somatoform disorder, degeneration of the lumbar intervertebral disc, degeneration of the intervertebral disc, cervical post-laminectomy syndrome, and chronic pain syndrome. Treatments to date have included an MRI of the lumbar spine on 03/16/2007, physical therapy, and oral medications. The medical report dated 02/06/2015 indicates that the injured worker presented with bilateral neck pain, which was improving with treatment. The pain was rated 3-4 out of 10. He had bilateral lower extremity weakness, and numbness and tingling in the bilateral upper extremity. He also complained of bilateral low back pain, which was rated 6-7 out of 10. The injured worker continued to have trouble sleeping due to pain. The physical examination showed a normal gait, and normal posture. The treating physician requested Lorazepam 1mg #10, one tablet as needed for refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lorazepam 1mg, one tablet as needed, #10:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official disability guidelines, Mental Illness & Stress Chapter under Benzodiazepine.

**Decision rationale:** The patient presents with neck pain rated 3-4/10 with associated numbness and tingling in the bilateral upper extremities. Patient also complains of lower back pain rated 6-7/10. The patient's date of injury is 06/06/96. Patient is status post cervical laminectomy at unspecified levels and date. The request is for Lorazepam 1mg, one tablet as needed #10. The RFA is dated 02/12/15. Progress note dated 12/03/14 does not include any pertinent examination findings, only a review of systems, clinical presentation, and medications. The patient is currently prescribed Baclofen, Duragesic patches, Fioricet, Lasix, Lorazepam, Mucinex, Norco, Topamax, and Tramadol. Diagnostic imaging was not included. Patient is currently not working. MTUS guidelines state on page 24 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. 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." ODG-TWC, Mental Illness & Stress Chapter under Benzodiazepine states: "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction." In regards to the request for what appears to be a continuing prescription of Lorazepam, treater has exceeded recommended duration of therapy. Progress notes provided indicate that this patient has been prescribed Lorazepam since at least 06/11/14, and takes the medication as needed for muscle spasms. While the requested amount of 10 tablets would ordinarily be considered appropriate, it appears that this patient has been taking this medication consistently for 6 months or longer. MTUS and ODG do not support chronic Benzodiazepine utilization owing to high risk of dependency and loss of efficacy. Therefore, the request is not medically necessary.