

<b>Case Number:</b>	CM15-0054005		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	03/16/2001
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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, District of Columbia, Maryland  
Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 54 year old female who sustained a work related injury March 16, 2011. According to the primary treating physician's progress report, dated February 17, 2015, the injured worker presented with continued complaints of excruciating and debilitating headaches which turn into migraines, associated with photophobia, and nausea and vomiting. Over the past 3 months, she has experienced headaches more than 15 days which can last up to 4-5 hours per day. She received Botulinum toxin injection January 27 2015, with significant pain relief. She is noted to be mostly wheelchair bound and remains a high-fall risk. Assessment includes bilateral upper and lower extremity complex regional pain syndrome; DeQuervain's tenosynovitis; lateral epicondylitis; medication induced gastritis; multiple caries secondary to xerostomia, due to chronic opiate use; chronic cervicogenic headaches, becoming migraine. Treatment included Botulinum toxin injections, refill and prescription s for medications, continue with home health aide services, and find a new psychiatrist as present physician is retiring.

### 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

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

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p24 regarding 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. The documentation submitted for review indicates that the injured worker has been using this medication long term. As the treatment is not recommended for long term use, the request is not medically necessary.