

<b>Case Number:</b>	CM15-0062274		
<b>Date Assigned:</b>	04/08/2015	<b>Date of Injury:</b>	01/02/1995
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 66-year-old female patient who sustained an industrial injury on 01/02/1995. A primary treating office visit dated 09/15/2014 reported the patient with subjective complaint of cervical pain described as an aching, radiating, sharp, pressure to bilateral sides of neck. She experiences back stiffness, numbness and tingling. She is found allergic to Morphine, and currently takes Exalgo, Cymbalta, Soma, Norco 10/325mg, and Compound cream. She has a prior medical history of mental health condition. The patient is status post cervical fusion. The assessment noted chronic neck pain; muscle spasms paracervical & trapezius muscles; intermittent burning pain left shoulder; status post multiple cervical surgeries; depression; hypertension and ischemic colitis. The plan of care involved recommending radiographic and magnetic resonance imaging study, and continues with current medication regimen. She is permanent and stationary and is to follow up in one month. The most recent follow up visit provided was dated 03/18/2015 and reported subjective complaint of continues with cervical pain. The patient is noted to have been continuing on current medications without substantial benefit. She is found having nociceptive, neuropathic and inflammatory pains. Urine drug screening has shown compliance. She is also attempted weaning from medications with increased pain, suffering and decreased functional capacity. The plan of care noted recommending follow up evaluation with updated radiography, and continue with current medications.

### 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 Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

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

**Decision rationale:** Lorazepam 0.5mg #30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state 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. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The documentation indicates that the patient has been on Lorazepam since at least December of 2014, which is longer than the recommended 4 weeks. The documentation does not indicate extenuating circumstances, which would necessitate going against guideline recommendations. The request for Lorazepam is not medically necessary.