

<b>Case Number:</b>	CM14-0149835		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	05/17/2006
<b>Decision Date:</b>	01/02/2015	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 46-year-old woman with a date of injury on 5/17/06. She is being treated for mechanical low back pain. The physical examination indicates labile, moderate tenderness to the lumbar and gluteal regions. Lumbar range of motion is minimally limited. Medications include Tramadol, Ativan and Elavil and Flexeril. On 8/14/14 a refill was requested for Ativan 1mg 4 times a day when necessary for anxiety.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lorazepam (Lorazepam Tablet) - 1 mg #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Benzodiazepines.

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

**Decision rationale:** The injured worker is being treated for chronic low back pain and anxiety disorder. The patient has been prescribed lorazepam chronically. MTUS guidelines recommends against chronic benzodiazepines which is typically more than 4 weeks. The request for Ativan 1 mg #100 exceeds MTUS guidelines and is therefore not medically necessary.