

<b>Case Number:</b>	CM15-0014821		
<b>Date Assigned:</b>	02/02/2015	<b>Date of Injury:</b>	10/26/2010
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/26/2015

### 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 57 year old male who sustained an industrial injury on 10/26/2010. Current diagnoses include lumbalgia, spinal stenosis, and degeneration lumbar/lumbosacral. Previous treatments included medication management, back surgery, and home exercises. Report dated 12/03/2014 noted that the injured worker presented for follow up, monitoring of medication and efficacy of treatment. Pain level was 4 (least) and 9 (greatest) out of 10 on the visual analog scale (VAS). Medication regimen includes Tramadol, Cymbalta, Robaxin, Ativan, and Norco. The injured worker reported headaches, painful urination, insomnia, constipation, and anxiety. Physical examination was positive for abnormal findings. The treatment plan included compliance was reviewed, recommended continued stretching and exercises, recommended a pain diary, and prescription were given. The physician noted that the Ativan was given for muscles spasms. Disputed treatments include lorazepam (Ativan).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lorazepam tab 1 mg, 30 day supply, # 90:** Upheld

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

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

**Decision rationale:** The 57 year old patient complains of dull, throbbing lower back pain, rated at 4-9/10, as per progress report dated 12/03/14. The request is for Lorazepam tab 1 mg, 30 day supply, # 90. There are two RFA forms for this case dated 10/09/14 and 01/21/15, after the UR dated, and the patient's date of injury is 10/26/10. Diagnoses, as per progress report dated 11/10/14, included spinal stenosis, lumbalgia and degenerative lumbar disease. Medications, as per progress report dated 12/03/14, included Norco, Ativan, Tramadol, Robaxin and Cymbalta. The patient is status post spinal cord stimulator implant on 07/24/14, as per the operative report. The patient is also status post L4-5 laminectomy and facetectomy, as per progress report dated 04/24/14. The progress reports do not document the patient's current work status. MTUS guidelines state on page 24 that benzodiazepines such as Xanax 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". In this case, a prescription for Lorazepam is first noted in progress report dated 01/13/14, and the patient has been taking the medication consistently at least since then. Lorazepam is being prescribed for "muscle spasms", as per the same report. The patient also suffers from anxiety and insomnia, as per progress report dated 12/03/14. The treater, however, does not document the efficacy. Additionally, MTUS does not support long-term use of benzodiazepines. Hence, the request is not medically necessary.