

<b>Case Number:</b>	CM15-0018135		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	01/02/1995
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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 66-year-old female who sustained an industrial related injury on 1/2/95. The injured worker had complaints of cervical pain, back stiffness, numbness, tingling, and weakness in the bilateral arms. Diagnoses included chronic neck pain, muscle spasms in the paracervical and trapezius muscles, intermittent burning pain in the left shoulder, status post multiple cervical surgeries, and depression. Treatment included medications. Medications included Cymbalta, Ideral, Lorazepam, Norco, Soma, and Sumatriptan. The treating physician requested authorization for Lorazepam 0.5mg #60 with 3 refills. On 1/28/15 the request was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted benzodiazepines are not recommended for long-term use. Therefore, the request was modified to a quantity of 48 with no refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lorazepam 0.5mg #60 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 -9792.26; MTUS (Effective July 18, 2009) Page(s): 24 of 127.

**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. Per review of the submitted documentation, the injured has been prescribed this medication many times since at least January 20, 2014 with unknown efficacy. As the treatment is not recommended for long term use, and was not efficacious, the request is not medically necessary.