

<b>Case Number:</b>	CM15-0127381		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	07/28/2014
<b>Decision Date:</b>	08/10/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 55 year old male who sustained an industrial injury on 7/28/14. Diagnoses are right shoulder impingement, rotator cuff strain, bicipital tendinitis status post previous arthroscopic surgery in 2005 with retracted tear of the biceps tendon, grade II superior labral tear from anterior to posterior tear, partial subscapularis tear, and osteoarthritis seen on MRI and x-rays and discogenic lumbar condition with facet inflammation without radiculopathy. In a report dated 4/29/15, a treating physician notes he is in severe shoulder pain. Surgery will be scheduled and a cortisone injection was administered this visit. He needs some stronger pain medication as well as something for sleep. He was taking Lorazepam before for anxiety and sleep, which helped, so he will be switched from Trazodone to Lorazepam temporarily to see if he is getting some relief. In a report dated 6/11/15, the treating physician notes he has been seen for his back and received an injection on the left side. He states neck pain has improved, but has pain in the right side of his low back. He has tenderness across the lumbar paraspinal muscles, pain along facets, and pain along the right shoulder with abduction at 120 degrees and shrugging. A drug toxicology screen report dated 5/21/15 results are listed as not consistent for Oxazepam, Temazepam, Nordiazepam. Previous treatment includes referral to a pain specialist, physical therapy, medications, MRI of the right elbow, back brace, and hot and cold wrap. Work status is noted as he is not currently working, as he is unable to do his usual and customary occupation. He is temporarily totally disabled most likely, until after surgery. Medications are Norco, Lorazepam, Protonix, and Tramadol. The requested treatment is Lorazepam 1mg #30.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lorazepam 1 mg #30:** Upheld

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

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

**Decision rationale:** The claimant sustained a work-related injury in July 2014 and continues to be treated for low back and right shoulder pain. Lorazepam is being prescribed for anxiety. When seen, there was pain with right shoulder range of motion. There was lumbar tenderness and pain with facet loading. Lorazepam is a benzodiazepine, which is not recommended for long-term use. Chronic benzodiazepines are the treatment of choice in very few conditions. Long-term use may increase anxiety. A more appropriate treatment for anxiety disorder would be an antidepressant. In this case, the claimant has been prescribed Xanax on a long-term basis. There are other preferred treatments for anxiety. Continued use of Xanax may actually be increasing her anxiety. Therefore, the request is not medically necessary.