

<b>Case Number:</b>	CM15-0060571		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	04/30/2012
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 4/30/12. Initial complaints are not noted. The injured worker was diagnosed as having arthritis of ankle joint; tobacco disorder; non-union of arthrodesis right ankle delayed union. Treatment to date has included status post removal of right ankle hardware and right ankle arthrodesis (7/29/14); US Venous Duplex lower extremity (1/20/15); urine drug screening; medications. Currently, the PR-2 notes dated 3/10/15 indicate the injured worker indicates he has been taking lorazepam PRN for anxiety related to his medical problems. The 1st drug test was negative for lorazepam and insurance states it will no longer pay for this drug. He agrees that he takes it rarely and no longer needs it at this time. Currently he is prescribed Tylenol-Codeine #3 PRN 1 tab every 4 hours and Lorazepam.1mg PRN 1 tab 3 times a day for anxiety was discontinued on this day note. The requested Lorazepam 1mg, 30-day supply, QTY: 90 was modified per Utilization review to a quantity of #60 to wean over the next 3 months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lorazepam 1mg, 30 day supply, QTY: 90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 22.

**Decision rationale:** The California chronic pain medical treatment guidelines section on benzodiazepines states: 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. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005). The chronic long-term use of this class of medication is recommended in very few conditions per the California MTUS. There is no evidence however of failure of first line agent for the treatment of anxiety in the provided documentation. For this reason, the request is not medically necessary.