

<b>Case Number:</b>	CM15-0070532		
<b>Date Assigned:</b>	04/17/2015	<b>Date of Injury:</b>	10/18/2014
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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, Arizona, Maryland  
Certification(s)/Specialty: Psychiatry

### 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 male, who sustained an industrial injury on 10/18/14. He reported injury to right arm, fractures of right ribs and right pulmonary contusion. The injured worker was diagnosed as having cervical radiculopathy, lumbar radiculopathy, internal derangement of knee and derangement of forearm joint. Treatment to date has included closed reduction of right distal radius and ulna fracture, physical therapy and oral pain medications including narcotics. Currently, the injured worker complains of constant achy sensation in upper back, constant throbbing headache, sharp pain right abdomen, continuous pain in low back and continuous left knee pain. Physical exam noted an uneven gait, tenderness to palpation of paraspinal muscles of cervical spine, spasm of paraspinal muscles with tenderness to palpation of lumbar spine and tenderness to pressure over the left knee. The treatment plan included (EMG) Electromyogram/ (NCS) Nerve Conduction Velocity studies of bilateral lower and upper extremities and prescriptions for Cyclobenzaprine and Flector patch.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lorazepam 1mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topic: Benzodiazepine, Weaning of medications Page(s): 24, 124.

**Decision rationale:** MTUS states, "Benzodiazepines 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. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been prescribed Lorazepam on an ongoing basis with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. Thus, the request for Lorazepam 1mg #60 is excessive and not medically necessary.