

<b>Case Number:</b>	CM15-0095167		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	10/31/2001
<b>Decision Date:</b>	08/14/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 60 year old male who sustained an industrial injury on 10/31/2001. Current diagnoses include stroke, status post left cerebral infarction with residual aphasia, right hemisensory loss and right hemiparesis, diabetes, hypertension, coronary artery disease status post stent placement x2 (according to the injured worker), and angina on exertion secondary to coronary artery disease. Previous treatments included medications. Report dated 05/20/2015 noted that the injured worker presented for follow up. The injured worker noted that the lorazepam continues to help the spasms in his paralyzed side and complains of no side effects from the lorazepam. Physical examination was negative for abnormal findings. The treatment plan included request to continue lorazepam which helps with the spasms on the paralyzed side, request to continue with the beta-blocker and metoprolol, Lipitor, dual anti-platelet regimen of aspirin and clopidogrel, restart nitrates if chest pain increases, and request to follow up in 3 months. The injured worker is permanent and stationary. Disputed treatments include lorazepam.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription for Lorazepam 1mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** According to the CA MTUS guidelines, benzodiazepines are prescribed for anxiety. They are not recommended for long-term use for the treatment of chronic pain because long-term efficacy is unproven and there is a risk of dependency. Ativan (Lorazepam) is a long-acting benzodiazepine, having anxiolytic, sedative, muscle relaxant, anticonvulsant, and hypnotic properties. Most guidelines recommend the use of Ativan for the treatment of anxiety disorders, and as an adjunct treatment for anxiety associated with major depression. Use of this medication is limited to four weeks. The prescribing physician indicates that the prescribed lorazepam is for treatment of spasms in the paralyzed extremity. The injured worker is status post left cerebral infarction with residual aphasia right hemisensory loss and right hemiparesis with documented improvement in spasms with the use of lorazepam, the continued use of lorazepam appears appropriate in this injured worker, Therefore the request for one prescription for lorazepam (Ativan) 1mg, #60 is medically necessary.