

<b>Case Number:</b>	CM13-0061866		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/03/2009
<b>Decision Date:</b>	04/01/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in New York. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant is a 36-year-old male who sustained a work related injury on 03/03/2009. The mechanism of injury was not provided. His diagnoses include neck pain, status post an anterior cervical decompression and fusion, chronic thoracic and lumbar strain, and residual right upper extremity radiculopathy. He continues to complain of neck pain, which is constant in nature and moderate to severe even with the use of medication. He complains of locking sensations in the neck as well as muscle spasms. On exam there is no tenderness to the cervical spine or palpable muscle spasm. The treating provider has requested Ativan 2mg one (1) tab by mouth at 8pm for treatment of the anxiety.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ativan 2mg, one (1) tablet by mouth at 8pm for anxiety:** Upheld

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

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

**Decision rationale:** Lorazepam (Ativan) is a high-potency, intermediate-duration, 3-hydroxy benzodiazepine drug, often used to treat anxiety disorders. Lorazepam (Ativan) is also the most

common benzodiazepine used to decrease the likelihood of agitation and seizures in patients who have overdosed on stimulant drugs. Among benzodiazepines, Lorazepam has a relatively high addictive potential. Lorazepam also has misuse potential; the main types of misuse are for recreational purposes or continued use against medical advice. The Chronic Pain Guidelines indicate that benzodiazepines 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. Most guidelines limit use to four (4) weeks. The medical documentation indicates that the claimant has been maintained on benzodiazepines for at least several months, and has a history of opiate dependency that required detoxification by pain management in May 2013. The medical necessity for the requested treatment has not been established. The requested treatment is not medically necessary.