

<b>Case Number:</b>	CM13-0071179		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	09/01/2006
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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/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 patient is a 56-year-old male who reported an injury on 08/27/2010. The mechanism of injury was not specifically stated. The patient is diagnosed with neck pain, headache, subacromial decompression, and insomnia. The patient was seen by [REDACTED] on 11/13/2013. Physical examination on that date revealed normal findings. Treatment recommendations included a prescription for Ativan 0.5 mg and a request for a followup with a neurologist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**90 TABLETS OF ATIVAN 0.5MG:** Upheld

**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:** The MTUS Chronic Pain Guidelines state benzodiazepines are not recommended for long term use because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit the use to 4 weeks. As per the documentation submitted, there is no evidence of an anxiety disorder. The medical necessity for the requested medication

has not been established. Additionally, the MTUS Chronic Pain Guidelines do not recommend long term use of this medication. Therefore, the request is not medically necessary and appropriate.