

<b>Case Number:</b>	CM14-0013319		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	09/12/2003
<b>Decision Date:</b>	12/11/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 Anesthesiologist, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 51-year-old male who reported an injury on 12/12/2013. The mechanism of injury was not specified. His diagnoses included lumbago, lumbar degenerative disc disease, lumbar radiculopathy, lumbar sprain/strain, lumbosacral sprain/strain, and status post surgery of the lumbar spine. Past treatments included a back brace, medications, and surgery. On 11/10/2014, the injured worker complained of constant and severe low back pain rated 8/10. Upon physical examination the injured worker's lumbar range of motion demonstrated flexion at 30 degrees, extension at 20 degrees, right bending at 20 degrees, and left lateral bending at 20 degrees. The injured worker had tenderness to palpation of the lumbar paravertebral muscles. His medications were not noted. A treatment plan was not noted. A request was received for Ativan 2 mg #90. A rationale was not provided. A Request for Authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ativan 2mg #90:** 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 Benzodiazepines Page(s): 24.

**Decision rationale:** According to the California MTUS Guidelines, benzodiazepines are not recommended for long term use due to risk of dependency and unproven long term efficacy. The guidelines also state to limit the use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. The injured worker was noted to have low back pain, decreased range of motion, and muscle spasms of the lumbar paravertebral muscle. There is a lack of documentation indicating how long the injured worker has been prescribed Ativan or evidence of significant objective functional improvement with the medication. The requesting physician's rationale for the request is not indicated within the provided documentation. Based on the lack of evidence in regards to the duration of the medication and any objective functional improvement achieved, the request is not supported by the guidelines. In addition, the request failed to provide a frequency. As such, the request for Ativan 2 mg #90 is not medically necessary.