

<b>Case Number:</b>	CM14-0014364		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	02/25/2001
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2014

### 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 Neurology, 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:

2/3/14 note indicates the insured has injury since 2/25/2001 of chronic left lower extremity pain of reflex sympathetic dystrophy (RSD). There is numbness and pins and needles in association with pain. There is persistent pain also in the back. There is difficulty with activities of daily living and sleep. Opioids are reported to help the pain. The insured was reported to be doing home exercise program. The treating physician noted Ativan was used for sleep disturbance secondary to pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ATIVAN TAB 0.5MG DAY SUPPLY 30 QUANTITY 240:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Expert Reviewer based his/her decision on the Non- MTUS Official Disability Guidelines (ODG) Pain, Benzodiazepines, Other Medical Treatment Guideline or Medical Evidence:

**Decision rationale:** Benzodiazepine of Ativan is not supported for long term use. It is not supported for sleep due to tolerance rapidly developing. There is no indication of failure of at

least 6 months of a sleep hygiene program or failure or intolerance of other standard sleep aid therapies.