

<b>Case Number:</b>	CM14-0135281		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	04/25/1996
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in California. 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 57 year old female who was injured on 04/25/1996. The mechanism of injury is unknown. Prior medication history included Zoloft, Wellbutrin, Elavil, Alprazolam, Lorazepam, Nucynta ER and IR. Pain management note dated 05/15/2014 indicates the patient reported 80% improvement in pain with Nucynta ER and IR. She was able to titrate OxyContin without difficulty. On exam, her mood was mildly anxious but her depression is improved. Her remaining exam is essentially negative. She is diagnosed with bilateral knee pain, pain disorder associated with psychological and medical condition; low back pain, cervicgia, common migraine, generalized pain, morbid obesity and depression. She has been recommended and prescribed Lorazepam. Prior utilization review dated 07/30/2014 states the request for Unknown prescription of Ativan is modified to certify Ativan 1 mg #72 tablets as it is not recommended for long-term use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown prescription of Ativan:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain

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

**Decision rationale:** There is no medical justification in this case for the use of a Benzodiazepine medication in the clinical management of her chronic pain. There are no clinical trials demonstrating efficacy in this population, with significant risk of adverse events. In combination with other centrally acting agents such as opioids (this patient is on Nucynta and Nucynta ER) or antidepressants, there is a risk of profound sedation and respiratory depression. Therefore on the clinical grounds of risk versus benefit, there is no evidence to indicate a benefit, with a significant risk profile. The MTUS guidelines indicate that usage of such medications should be time limited and that they are not indicated for chronic usage. The clinical documentation fails to indicate a clear clinical rationale for the usage of a benzodiazepine to manage the patient's complaints. The request therefore is not medically necessary.