

<b>Case Number:</b>	CM14-0151760		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	11/22/1996
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 22, 1996. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated September 12, 2014, the claims administrator partially certified a request for Ativan 1 mg #4 as Ativan 1 mg #1. It was suggested that Ativan was being sought for use prior to a planned MRI study. The applicant's attorney appealed the partial approval/partial denial. In a progress note dated August 13, 2014, the applicant reported severe, 8-10/10 low back pain. The applicant was using Flexeril, Motrin, Topamax, Ambien, Norco, and Soma. The applicant was severely obese, with a BMI of 44. The applicant had lost 30 pounds through a gastric sleeve procedure, it was stated. It was stated that the applicant was planning to obtain a lumbar MRI imaging. The applicant had apparently developed significant claustrophobia with a closed MRI system. It was stated that the applicant could be a candidate for epidural steroid injection therapy. It was further noted that Valium did not substantially diminish the applicant's symptoms of anxiety during an MRI and that the MRI apparently had to be halted owing to significant issues with anxiety. Four tablets of Ativan were prescribed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ativan 1mg #4:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Management.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402, anxiolytics such as Ativan may be appropriate "for brief periods," in cases of overwhelming symptoms, so as to afford an applicant with the opportunity to recoup emotional and/or physical resources. In this case, the applicant is apparently having issues with severe anxiety and claustrophobia which are/were preventing the applicant from undergoing a planned lumbar MRI. A four-tablet supply of Ativan is appropriate to combat any symptoms of anxiety which might arise surrounding the planned MRI procedure. Therefore, the request of Ativan 1mg #4 is medically necessary and appropriate.