

<b>Case Number:</b>	CM14-0178789		
<b>Date Assigned:</b>	11/03/2014	<b>Date of Injury:</b>	08/12/2011
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 and Rehabilitation, has a subspecialty in Pain 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:

This is a female patient with a date of injury of August 12, 2011. A utilization review determination dated October 2, 2014 recommends non-certification of Ativan 0.5 mg tablets #360 with modification to #60 to initiate weaning process. A progress note dated September 24, 2014 identifies subjective complaints of dry mouth, use of H-wave two times per day helps left shoulder decrease pain, and the remaining subjective complaints section is illegible. Physical examination is absent. The diagnosis is absent. The treatment plan recommends physical therapy two times per week for six weeks for the left shoulder, request for a consultation for pain management, request for consultation for psychiatry/psychology, request for consultation and treatment for dental care, Ambien 10 mg #30 with 4 refills, Wellbutrin #30 with 4 refills, and Ativan 0.5 mg #90 with 4 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ativan 0.5mg tablets #360:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Benzodiazepines

**Decision rationale:** Regarding the request for Ativan 0.5mg tablets #360, Chronic Pain Medical Treatment Guidelines state the benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks... Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant." Within the documentation available for review, there is no documentation identifying any objective functional improvement as a result of the use of the medication and no rationale provided for long-term use of the medication despite the CA MTUS recommendation against long-term use. Furthermore, there is no diagnosis of anxiety. In the absence of such documentation, the currently requested Ativan 0.5mg tablets #360 is not medically necessary.