

<b>Case Number:</b>	CM14-0027892		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	06/13/2007
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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 Orthopaedic Surgery, 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 injured worker is a 45 year-old female who was reportedly injured on June 13, 2007. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated March 27, 2014 states patient has ongoing daily low back pain with spasms. The pain is constantly moderate and associated with weakness. Review of symptoms is positive for joint pain muscle spasms and muscle soreness. The physical examination demonstrated person alert to person place and time sensation is grossly intact. The hand written note is mostly not legible. Diagnostic imaging studies are unavailable for reviewing. Utilization report states a magnetic resonance image done on November 28, 2011 demonstrated disc desiccation with the suggestion of annual fissure and a 3 mm disc protrusion causing pressure over the anterior aspect of the thecal sac at L4/L5 with. Disc desiccation/protrusion indenting the right S1 nerve root at L5/S1. Previous treatment includes hydrocodone, Ativan, urine drug screens lumbar epidural steroid injection last year with improvement in her radicular symptoms. Request had been made for Ativan and was not certified in the pre-authorization process on February 17, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ATIVAN 2MG #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009 Benzodiazepines ) Page(s): 24 OF 127.

**Decision rationale:** Based on the date of injury and the current regimen, the medication Ativan is not medically necessary. Ativan is a benzodiazepine that is not recommended for long-term use because of unproven long-term efficacy, significant risk of psychological and physical dependence or frank addiction. It is limited to the use of 4 weeks. There is no support for long-term use and weaning will be likely required for this medication. The range of action of this drug includes sedative/hypnotic, anxiolytic, and anticonvulsant effects. Tolerance develops quickly. Benzodiazepines are not used as a first-line drug for insomnia; therefore Ativan is not medically necessary.