

<b>Case Number:</b>	CM14-0040935		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	04/25/2002
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	03/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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 53 year old female who had a work related injury on 04/25/02. She was carrying a box of shirts, weighing about 40-50 lbs., when she slipped on some water on the floor. She did not fall, although she wrenched her low back area while maintaining her balance. The diagnosis includes status post lumbar spine surgery 2 times with L5-S1 herniated disc with degenerative disc disease, abdominal complaints, and psychiatric complaints. Since her injury, she had been experiencing chronic pain unresponsive to multiple modalities of treatment including, multiple surgeries, epidural blocks and pain medication. She developed several psychological symptoms secondary to her injury including depression, anxiety, and poor sleep. She was diagnosed with major depression. Physical examination of the lumbar spine reveals the following; diffuse tenderness from L1 through S1 region with tenderness in the bilateral paraspinal muscle region, positive straight leg raise and bilateral leg raise in the seated position, 4/5 quadriceps strength test bilaterally, tenderness in the medial fat pad region of the knees bilaterally, tenderness in the lateral epicondyle region of the elbows bilaterally, tenderness in the pectoralis major region, tenderness in the upper trapezius region bilaterally, tenderness in the levator scapular region, bilaterally which has positive trigger points for fibromyalgia. Prior utilization review on 03/29/14 modified the Ativan for a weaning process.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ativan .5 MG Tabs:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The current evidence based guidelines do not support the request. Not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit the use to 4 weeks. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly (3-14 day). Tolerance to anxiolytic effects occur within months and long-term use may actually increase anxiety. Prior utilization review on 03/29/14 modified the Ativan for a weaning process. The request for Ativan 0.5 MG tabs is not medically necessary. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician.