

<b>Case Number:</b>	CM14-0046444		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	06/29/2010
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 Nevada. 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 records presented for review indicate that this 47-year-old gentleman was reportedly injured on June 29, 2010. The mechanism of injury is not listed in these records reviewed. The most recent psychology progress note, dated January 30, 2014, indicates that there are ongoing complaints of depression, anxiety, irritability, and insomnia. There were also complaints of difficulty concentrating, fatigue, and anxiety. The physical examination demonstrated that the injured employee was defensive guarded, alienated, and tense. He appeared pressured and depressed. Diagnostic testing revealed a Beck Depression inventory score of 23. Previous treatment includes oral medications. A request had been made for Ativan 0.6 mg and was not certified in the pre-authorization process on March 14, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ativan 0.6mg #30 with 2 refills.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24 of 127..

**Decision rationale:** Ativan is a benzodiazepine that is not recommended for long-term use because of unproven long-term efficacy and significant risk of psychological and physical dependence or addiction. The use of this medication is limited to 4 weeks. Considering this, this request for Ativan is not medically necessary.