

<b>Case Number:</b>	CM14-0068503		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	05/04/2006
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2014

### 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 Preventive 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:

According to the records made available for review, this is a 44-year-old male with a 5/4/06 date of injury. At the time (4/8/14) of request for authorization for Ativan 2 mg #30 with three (3) refills, there is documentation of subjective (not specified) and objective (mild tenderness over the lumbar area, negative straight leg raising test, and fair lumbar spine range of motion) findings, current diagnoses (lumbar degenerative disc disease, lumbalgia, lumbar radiculitis, and anxiety), and treatment to date (medications (including ongoing treatment with Ativan since at least 11/11/12), lumbar medial branch injections, chiropractic therapy, and physical therapy). There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Ativan use to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ativan 2 mg #30 with three (3) refills:** Upheld

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

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

**Decision rationale:** Chronic Pain Medical Treatment Guidelines identifies that benzodiazepines are not recommended for long-term and that most guidelines limit use to 4 weeks. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of degenerative disc disease, lumbalgia, lumbar radiculitis, and anxiety. In addition, there is documentation of ongoing treatment with Ativan. However, given documentation of ongoing treatment with Ativan since at least 11/11/12 and a prescription for Ativan #30 with 3 refills, there is no documentation of the intention to treat over a short course (up to 4 weeks). In addition, despite documentation that Ativan helps patient sleep, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Ativan use to date. Therefore, based on guidelines and a review of the evidence, the request for Ativan 2 mg #30 with three (3) refills is not medically necessary.