

<b>Case Number:</b>	CM14-0077641		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	06/25/1998
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 Occupational 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:

The claimant was injured on 06/25/98. Ativan is under review. She is status post back surgery. She has been on the same medications for a year with pain scores at 6/10 and no drug screens. Her opioids and Benzodiazepine have not have not been approved. On 05/28/14, she saw [REDACTED] and is status post L4-5 and L5-S1 fusion with lumbar laminectomy, spinal stenosis, and segmental instability. Her chronic medications have been denied. Her neurosurgeon, [REDACTED] has stated that she would need more fusion at other levels if her pain is not well controlled. Her current medications included Percocet, Dilaudid, Demerol, Effexor, Ativan, and Celebrex. She had been on chronic opiates for several years and was stable. She does not overuse her medications. She has occasionally had transforaminal ESI's (Epidural Steroid Injection) above the level of her fusion. A note dated 05/15/14 indicates that she signed a narcotic contract. She saw a pain psychologist. She had not had a drug screen in a couple of years. She has no behaviors that were suspicious. She does not appear to be overmedicated. She was taking Ativan up to 4 times a day but usually twice a day. She underwent epidurals on 11/13/12. There are also some older notes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ativan 1mg for lumbar spine:** 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 Benzodiazepines Page(s): 54.

**Decision rationale:** The history and documentation do not objectively support the request for Ativan 1 mg, unknown quantity. The MTUS state Benzodiazepines (Alprazolam) 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. 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. 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. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005). In this case, there is no evidence that the claimant is on an antidepressant or has failed a reasonable trial of an antidepressant for what appear to be symptoms of anxiety due to chronic pain. The MTUS do not support long term use of Benzodiazepines in any situation. There is no description of the symptoms for which the claimant takes this medication and no documentation of her pattern of use, symptom relief, or measurable objective or functional improvement. The notes indicate that she takes the medication 2-4 times per day as needed. The medical necessity of this request for continued use of Ativan has not been demonstrated. Therefore, the request of Ativan 1mg for lumbar spine is not medically necessary and appropriate.