

<b>Case Number:</b>	CM14-0163334		
<b>Date Assigned:</b>	10/08/2014	<b>Date of Injury:</b>	10/13/2010
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2014

### 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 Family Medicine and is licensed to practice in North Carolina. 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 patient is a 54-year-old with a reported date of injury of 10/13/2010. The patient has the diagnoses of low back pain, lumbar sprain/strain, cervical sprain/strain, lumbar disc disease, right shoulder pain status post right shoulder surgery and lumbar radiculitis. Previous prescribed treatment modalities have included TENS unit and epidural steroid injections. The progress notes provided for review from the primary treating physician are hand written and mostly illegible. The most recent note dated 6/13/2014 indicates the patient had improvement in pain symptoms post epidural steroid injections administered in 04/2014. The physical exam is completely illegible. The treatment plan recommendations included repeat epidural steroid injections and an updated lumbosacral MRI.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ativan 1 Mg #60:** Upheld

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

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on benzodiazepines stated: Benzodiazepines. 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. This medication is not recommended per the California MTUS for chronic ongoing use. They are the treatment of choice in very few instances. There is no indication of failure of other first line anxiety medications. Per the progress reports, this medication has been prescribed since 06/2013. Therefore the request is not medically necessary.