

<b>Case Number:</b>	CM14-0173653		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	11/05/2010
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 patient is a 67 year-old male with date of injury of 11/05/2010. The medical document associated with the request for authorization, a primary treating physician's psychiatric progress report, dated anxiety and depression. Objective findings: Patient claims to be fairly stable with slightly increased anxiety. He denies any suicidal ideations, but does have low energy, loss of appetite and loss of weight. The patient walked slowly and appeared to be in some pain. Diagnosis: 1. Major depressive disorder recurrent with anxiety. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as six months. Medications: 1. Ativan 1mg, #100 SIG: bid as needed

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ativan 1mg #100:** 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): 24.

**Decision rationale:** Lorazepam is a Benzodiazepine. The MTUS states that Benzodiazepines 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. The patient has been taking Lorazepam for an extended period of time. Ativan 1mg #100 is not medically necessary.