

<b>Case Number:</b>	CM14-0069586		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	10/13/2010
<b>Decision Date:</b>	02/24/2015	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 54 years old male patient who sustained an injury on 10/13/2010. He sustained the injury while removing tiles using a metal bar with a blade at the end weighing approximately 25lbs, he struck a couple of large screws that were embedded in the ground causing an abrupt sudden ricochet motion. The current diagnoses include lumbar radiculopathy. Per the doctor's note dated 4/7/2014, he had complaints of low back pain with radiation to bilateral lower extremities with tingling and numbness. The physical examination revealed lumbar spine range of motion- flexion 35, extension 10, right/left lateral extension 10/10 degrees. The medications list includes omeprazole, hydrocodone, cymbalta, lorazepam, zolpidem and topical analgesic creams. He has had an MRI of the lumbar spine, dated 7/12/2012 which revealed at L4-L5 a broad 4 mm midline and left paracentral disc protrusion resulting in abutment of the descending left L5 nerve root with a mild to moderate degree of central canal stenosis, 3 mm biforaminal disc protrusions at this level with abutment of the exiting right and left L4 nerve root. He has undergone right shoulder surgery on 12/28/2010. He has had lumbar ESI on 1/10/2014, 3/11/14 and 4/18/14. He has had urine drug screen on 11/14/13 which was positive for opiates; urine drug screen on 4/15/14 which was positive for hydrocodone, hydromorphone and zolpidem; urine drug screen on 3/10/14 which was inconsistent for lorazepam, hydrocodone and zolpidem.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ativan 1mg #30:** 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:** Ativan contains Lorazepam which is a benzodiazepine. According to MTUS guidelines, 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." Response to other, non-pharmacological measures for the treatment of insomnia is not specified in the records provided. Prolonged use of an anxiolytic may lead to dependence and does not alter stressors or the individual's coping mechanisms and is therefore not recommended. In addition, patient was also prescribed Zolpidem and urine drug screen on 3/10/14 was inconsistent for Lorazepam, hydrocodone and Zolpidem. The medical necessity of Ativan 1mg #30 is not established for this patient.