

Case Number:	CM15-0008020		
Date Assigned:	01/26/2015	Date of Injury:	03/07/2011
Decision Date:	03/20/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/14/2015

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: 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:

The injured worker is a 64 year old female who sustained an industrial injury on 03/07/2011. The injured worker complains of chronic upper back, shoulder and low back pain. A Physician hand written progress note dated 12/12/2014 documents the injured worker has continued low back pain with intermittent radiation down to bilateral ankles. Examination revealed lumbar spine tenderness with spasm bilaterally, paraspinal tenderness in the lumbosacral area, range of motion was flexion 45, extension 5, right 15, and left 15. Treatment has included medications, injections, home exercise program, surgery and physical therapy. The treating provider is requesting Ativan 2mg, # 30. This medication is requested as a sleep aid as the patient has failed behavioral techniques for improved sleep. The patient is also being prescribed Norco. On 01/07/2015 Utilization Review non-certified the request for Ativan 2mg, # 30, is citing California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Ativan 2MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23. Decision based on Non-MTUS Citation Pain Chapter, Lorazepam, Benzodiazepines

Decision rationale: The request is for Ativan as an sleep aid. According to the MTUS guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. MTUS states that most guidelines limit use to 4 weeks and that tolerance to hypnotic effects develops rapidly. According to ODG, Lorezepam (Ativan) is not recommended. ODG notes that adults who use hypnotics, have a greater than 3-fold increased risk for early death, according to results of a large matched cohort survival analysis. The risks associated with hypnotics outweigh any benefits of hypnotics, according to the authors. In 2010, hypnotics may have been associated with 320,000 to 507,000 excess deaths in the U.S. alone. In addition, per recent study, use of benzodiazepines to treat insomnia or anxiety may increase the risk for Alzheimer's disease (AD). (Billioti, 2014). In addition, the injured worker is also being prescribed opioids which in conjunction with benzodiazepines increases the risk of respiratory depression, and increases the risk of morbidity and mortality. The request for 30 Ativan 2MG is therefore not medically necessary.