

<b>Case Number:</b>	CM15-0135947		
<b>Date Assigned:</b>	07/23/2015	<b>Date of Injury:</b>	09/03/2009
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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: 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:

The injured worker is a 46 year old male who sustained an industrial injury on 9/3/09 involving his low back. He currently complains of ongoing low back pain aggravated with physical therapy; bilateral lower extremity radiculopathy on 6/5/15. He has an antalgic gait. On physical exam of the lumbar spine, there was tenderness spasm and tightness with reduced range of motion, positive straight leg raise. On 1/26/15 patient was pleasant, cooperative, good mood and affect, normal orientation and alert. The patient has had weakness and decreased sensation in lower extremity. A recent detailed psychological/psychiatric evaluation note of the psychiatrist was not specified in the records provided. Medications were Flexeril, Tramadol, and Ativan. Diagnoses include lumbar spine discopathy; cardiac condition; cervical strain. Treatments to date include physical therapy without benefit; medications with benefit. On 6/5/15, the treating provider's plan of care included Ativan 0.5 mg #30 with three refills for sleep.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ativan 0.5mg, #30 with 3 refills:** 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 24, Official Disability Guidelines, current online version, Pain (updated 07/15/15), Benzodiazepines.

**Decision rationale:** Ativan 0.5mg, #30 with 3 refills. Ativan 0.5mg, #30 with 3 refills is a benzodiazepine, an anti anxiety drug. 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 actions 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." Per the cited guidelines, "Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities)." Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Tolerance to lethal effects does not occur and a maintenance dose may approach a lethal dose as the therapeutic index increases. The best prevention for substance use disorders due to benzodiazepines is careful prescribing. (Baillargeon, 2003) (Ashton, 2005) (Dickinson, 2009) (Lader, 2009) Adults who use hypnotics, including benzodiazepines "...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. The AGS updated Beers criteria for inappropriate medication use includes benzodiazepines. (AGS, 2012) Use of benzodiazepines to treat insomnia or anxiety may increase the risk for Alzheimer's disease (AD)." On 1/26/15 patient was pleasant, cooperative, good mood and affect, normal orientation and alert. A detailed history of anxiety or insomnia is not specified in the records provided. Any trial of other measures for treatment of insomnia is not specified in the records provided. As mentioned above, prolonged use of anxiolytic may lead to dependence and does not alter stressors or the individual's coping mechanisms. The cited guideline recommends that if anti-anxiety medication is needed for a longer time, appropriate referral needs to be considered. A recent detailed psychological/ psychiatric evaluation note of the psychiatrist was not specified in the records provided. The medical necessity of the request for Ativan 0.5mg, #30 with 3 refills is not fully established in this patient given the records provided and the guidelines cited; the request is not medically necessary. When discontinuing a benzodiazepine, it is recommended that it should be tapered over time according to the discretion of the treating provider to prevent withdrawal symptoms.