

<b>Case Number:</b>	CM15-0138908		
<b>Date Assigned:</b>	08/10/2015	<b>Date of Injury:</b>	11/27/2006
<b>Decision Date:</b>	09/11/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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, Arizona, Maryland  
 Certification(s)/Specialty: Psychiatry

### 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 49 year old male, who sustained an industrial injury on 11-27-06. The injured worker was diagnosed as having low back syndrome, lumbar degenerative disc disease, lumbosacral spondylosis, limb pain, major depression and cervical radiculopathy. Treatment to date has included reduction of left proximal fibular fracture, acupuncture treatments, oral medications including Norco, Tylenol, Wellbutrin XL, Ativan, Lexapro, Gabapentin, OxyContin, Prilosec and Seroquel; physical therapy, home exercise program, transcutaneous electrical nerve stimulation (TENS) unit, surgery, brace, topical Voltaren gel, Flector patch, epidural steroid injections, psychological therapy and ice-heat. Currently on 6-11-15, the injured worker complains of continually increasing low back pain with low function level; he also reports worsening numbness in right hand. He reports Norco is not being covered by his insurance, she is currently taking 6 tablets of Tylenol per day. He rates the low back pain as 4-7 out of 10 with numbness, weakness, suicidal thoughts, difficulty walking, balance problems, poor sleep and fatigue. He is currently not working. Physical exam performed on 6-11-15 revealed tenderness to palpation of right elbow lateral epicondyle and olecranon with painful range of motion, restricted range of motion of lumbar spine with mild spasms and tenderness on palpation and cervical spine tenderness along entire cervical spine with moderate spasms and decreased sensation on right. A request for authorization was submitted for continuation of Ativan, Seroquel, Wellbutrin XL and Lexapro on 6-1-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Ativan 0.5mg #30 with 5 refills DOS: 5/27/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter (online version): Lorazepam, Benzodiazepines, Anxiety medications in chronic pain and Mental Illness & Health chapter (online version): Benzodiazepine, PTSD pharmacotherapy and Insomnia treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, Weaning of medications Page(s): 24, 124.

**Decision rationale:** MTUS states "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. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been prescribed Ativan 0.5 mg daily on an ongoing basis with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. Thus, the request for Retrospective request for Ativan 0.5mg #30 with 5 refills DOS: 5/27/15 is excessive and not medically necessary.