

<b>Case Number:</b>	CM15-0192210		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	03/13/2014
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 30 year old male who sustained an industrial injury on 3-13-14. Axis I diagnoses are noted as depressive disorder, not otherwise specified and panic disorder with agoraphobia. In a report of psychiatric consultation dated 7-13-15, the physician notes current psychiatric complaints of anxiety, tension, irritability, quick temper most of the time, depression and related symptoms most of the time, occasional crying episodes, occasional feelings that life is not worth living, denies suicidal ideation, insomnia due to pain and worry, memory and concentration are impaired, panic attacks-rare, appetite and weight are low, energy level-low, and sociability is low. His medical history is noted as left knee, back, neck, abdominal, and head pain, reduced hearing, tinnitus, headaches, lowered memory and concentration, photosensitivity, all typical of traumatic brain injury. Mood and affect were reported as serious, somewhat tense and dysphoric mood and thought content was somewhat tense and dysphoric. Previous treatment includes acupuncture, physical therapy, home exercise, and medication. The treatment plan is Ativan 1mg twice a day as needed for anxiety, Elavil 25mg 1-2 at bedtime for insomnia and depression and Prozac 10mg each morning after meals for depression. It is noted that the psychotropic medications listed are being prescribed for the treatment of one or more mental disorders and do not in any way amount to pain management. The requested treatment of Ativan #90 was noncertified on 8-28-15.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Ativan #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

**Decision rationale:** The claimant sustained a work injury in March 2014 as the result of a motor vehicle accident and is being treated for low back pain with bilateral lower extremity radicular symptoms and secondary anxiety and depression, which began approximately one month after injury. In August 2015, he had recently undergone bilateral sacroiliac joint injections. There had been no improvement with physical therapy or acupuncture. He was in moderate distress. There was lumbar paraspinal muscle guarding with decreased range of motion. There was sciatic tenderness. He had positive Trendelenburg and Valsalva tests. Medications included Ativan prescribed since July 2015. Ativan (lorazepam) is a benzodiazepine which is not recommended for long-term use. Chronic benzodiazepines are the treatment of choice in very few conditions. Long-term use may increase anxiety. In this case, it has been prescribed on a long-term basis and there are other preferred treatments. Gradual weaning is recommended for long-term users. Continued prescribing is not medically necessary.