

<b>Case Number:</b>	CM15-0193520		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	09/18/2003
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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: Connecticut, California, Virginia  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 47 year old female who sustained an industrial injury on 09-18-2003. Medical records indicated the worker was treated for degeneration of lumbar or lumbosacral intervertebral disc, lumbago, major depressive affective disorder, recurrent episode, severe, without mention of psychotic behavior, panic disorder without agoraphobia, and other pain disorders related to psychological factors. In the provider notes of 07-30-2015, the injured worker complains of back pain and increasing difficulties with activities of daily living. She describes intermittent loss of bowel control and regular bladder dysfunction with a very poor bladder function. She describes circumferential numbness across both lower extremities from the hips to the tops of the calves that has been getting worse over the last few months. She describes her pain as unbearable and has been sleeping in a chair for two years. The examiner's impression was of severe pain and non myotomal/non-dermatomal dysfunction. Plans were to obtain a neurology evaluation and ongoing care with a spine specialist. The worker was hospitalized 07-09-2015 for suicidal ideation with a plan to jump off a bridge. The worker's admission lab results included a urine toxicology screen, which was positive for cannabinoids. She has been on Lorazepam since at least 04-07-2015. A request for authorization was submitted for Ativan 2 mg #90 po TID. A utilization review decision 09-23-2015 non-authorized the request.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Ativan 2 mg #90 po TID:** Upheld

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

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

**Decision rationale:** The MTUS does not recommend long-term use of benzodiazepines because long-term efficacy is unproven and there is a risk of dependency and rapid onset of medication tolerance, making the recommendation unreasonable according to utilization review. Weaning is indicated. Encouragement of gradual decrease in use is critical in order to wean from dependency on this drug, Therefore the request for Ativan is not considered medically necessary at this time, and weaning should be encouraged, as benzodiazepines are not recommended for long-term treatment.