

<b>Case Number:</b>	CM15-0039102		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	03/11/2002
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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, New York, California

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 applicant is a represented 54-year-old [REDACTED] beneficiary who has filed a claim for chronic neck pain reportedly associated with an industrial injury of March 11, 2002. In a utilization review report dated February 10, 2015, the claims administrator failed to approve a request for Ativan while conditionally denying a request for Remeron. A progress note dated January 5, 2015 was referenced in the determination. The claims administrator suggested that the applicant was off of work and seemingly suggested that the applicant had been using lorazepam for some time, as a sedative agent. The applicant's attorney subsequently appealed. On November 3, 2014, the applicant reported ongoing complaints of low back pain radiating into the bilateral lower extremities, exacerbated by standing and walking. Topical compounds, Prilosec, Ativan, and Remeron were being employed, the attending provider acknowledged. Several of the same were refilled. MRI imaging of the lumbar spine and urine drug testing were also proposed, on total temporary disability. On December 6, 2014, the applicant was, once again, placed off of work, on total temporary disability. Multiple medications were renewed while the applicant was kept off of work. It was suggested that Ativan is being employed for insomnia, as was Remeron. A drug testing report dated December 6, 2014 suggested that the applicant was using both Ambien and Ativan for sedative effect.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prospective request for 1 prescription of Lorazepam 0.5 mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Official Disability Guidelines (ODG), pain (chronic).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** No, the request for lorazepam (Ativan), a benzodiazepine anxiolytic, was not medically necessary, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Ativan (lorazepam) may be appropriate for "brief periods," in cases of overwhelming symptoms, in this case, however, it appears that the applicant has been employing Ativan (lorazepam) for what appears to be a minimum of several months to several years, for sedative effect. This is not an ACOEM-endorsed role for the same. The attending provider has not, furthermore, set forth a clear or compelling rationale for concurrent usage of two separate sedative agents, lorazepam (Ativan), and Ambien (zolpidem). Therefore, the request was not medically necessary.