

<b>Case Number:</b>	CM15-0042996		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	10/13/2010
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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, North Carolina  
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 (IW) is a 54-year-old male who sustained an industrial injury on 10/13/2010. He reported back pain. The injured worker was diagnosed as having lumbar radiculopathy. Treatment to date has included epidural steroid injections, and oral medications with medication management. Currently, the injured worker complains of low back pain, right shoulder pain, and neck/mid-back pain. The treatment plan included prescriptions for Ambien 10 mg, Ativan, 1mg, Omeprazole 20 mg, Norco, and home exercises. A request for authorization was made for Ativan 1mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ativan 1mg #30:** 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(s): 24.

**Decision rationale:** California MTUS guidelines state 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. This patient had a weaning dose previously approved in December 2014. The patient continues to complain of back pain, shoulder pain and neck/mid-back pain. Satisfactory response to treatment has not been indicated. The available patient information received did not provide compelling reasons to override the compelling guidelines that are not supportive. There was no justification for chronic use of benzodiazepines. Based on the clinical information received and the California MTUS guidelines, the request is not medically necessary.