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| <b>Case Number:</b>   | CM14-0140589 |                              |            |
| <b>Date Assigned:</b> | 09/10/2014   | <b>Date of Injury:</b>       | 04/13/1993 |
| <b>Decision Date:</b> | 10/10/2014   | <b>UR Denial Date:</b>       | 08/28/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/29/2014 |

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 61 year-old male with date of injury 04/13/1993. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 07/10/2014 lists subjective complaints as depression as a result of chronic pain. Objective findings: patient was found to have impairments with sleep, energy, concentration, memory, emotional control, and stress-tolerance. Patient is wheelchair bound. Diagnosis: 1. Major depressive disorder secondary to chronic pain, 2. Anxiety, 3. Insomnia. The medical records supplied for review were insufficient to determine how long the patient has been taking the following medications: 1. Ativan 1mg, #90 (No SIG provided in the records.)

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 REFILL OF ATIVAN 1 MG #90 -- MODIFIED TO 1 REFILL OF ATIVAN 1 MG #81:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

**Decision rationale:** The MTUS states that 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The previous utilization review physician has authorized enough Ativan to allow for a very slow weaning schedule. The additional nine tablets requested are not medically necessary.