

<b>Case Number:</b>	CM14-0158555		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	10/13/2010
<b>Decision Date:</b>	05/21/2015	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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. 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 who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of October 13, 2010. In a Utilization Review report dated September 10, 2014, the claims administrator partially approved a request for Ativan, apparently for tapering or weaning purposes. The claims administrator referenced a September 5, 2014 RFA form and an associated progress note of July 15, 2014 in its determination. The applicant's attorney subsequently appealed. On March 17, 2014, the applicant was placed off work, on total temporary disability, for six weeks, owing to ongoing complaints of mid back, right shoulder, and low back pain. The applicant's medication list included Norco, Cymbalta, Sonata, Dulcolax, and Ativan, it was acknowledged. The applicant had reported issues with sleep disturbance and depression. The note was very difficult to follow. It was suggested (but not clearly stated) that the applicant was using Ativan for sedative effect. On April 11, 2014, the applicant reported ongoing complaints of low back pain. The applicant was given refills of Ativan, Ambien, Cymbalta, Lortab, Terocin, Prilosec, and several topical compounded medications.

### 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  
Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 402.

**Decision rationale:** No, the request for Ativan, an anxiolytic medication, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Ativan may be appropriate for "brief periods," in cases of overwhelming symptoms, in this case, however, it appeared that the attending provider and/or applicant were intent on employing Ativan for chronic, long-term, and/or daily-use purposes, for anxiolytic and/or sedative effect. This is not an ACOEM-endorsed role for Ativan, a benzodiazepine anxiolytic. It is further noted that the attending provider failed to furnish a compelling rationale for usage of two separate sedative agents, Ativan and Ambien. Therefore, the request was not medically necessary.