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| <b>Case Number:</b>   | CM15-0012931 |                              |            |
| <b>Date Assigned:</b> | 01/30/2015   | <b>Date of Injury:</b>       | 03/21/2012 |
| <b>Decision Date:</b> | 03/18/2015   | <b>UR Denial Date:</b>       | 12/24/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/22/2015 |

### 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  
 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 is a 53 year old male, who sustained an industrial injury on 03/21/2012. The diagnoses have included C6-7 discopathy with left foraminal narrowing per MRI scan on 02/25/2014, left shoulder impingement syndrome, lumbar spine sprain/strain syndrome, and status post anterior cervical disk fusion with instrumentation at C6-7 level on 10/04/2014. Treatments to date have included surgery and medications. Diagnostics to date have included cervical spine x-rays on 12/05/2014 showed hardware is in good position with no signs of loosening. In a progress note dated 12/05/2014, the injured worker presented with complaints of continued mild to moderate neck pain, left upper extremity radiculopathy, left shoulder pain, and difficulty swallowing. The treating physician reported giving a prescription for Ativan to take at bedtime for sleep. Utilization Review determination on 12/24/2014 non-certified the request for Ativan 0.5mg #30 citing Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ativan 0.5mg #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:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of benzodiazepines such as Ativan as a treatment modality. These guidelines state the following: 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. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this case there is insufficient justification for the use of a benzodiazepine for this patient. Further, the above cited MTUS guidelines do not recommend its use. Therefore, Ativan is not considered as a medically necessary treatment.