

<b>Case Number:</b>	CM15-0019280		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	05/10/2004
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 50 year old male, who sustained an industrial injury on 5/10/2004. He reports a steel door fell on his head. Diagnoses include cervico-genic headaches, depression, bilateral upper extremity neuropathy and post-cervical fusion. Treatments to date include cervical surgery and medication management. A progress note from the treating provider dated 1/6/2015 indicates the injured worker reported neck pain, bilateral arm and shoulder pain and headaches. On 1/19/2015, Utilization Review non-certified the request for Ativan 0.5mg #30, citing MTUS.

### 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 benzodiazepine Page(s): 24.

**Decision rationale:** The patient presents with pain and weakness in his head and upper extremity. The request is for ATIVAN 0.5MG #30. The patient is currently taking Methadone, Dialudid, Escitalopram and Lunesta. Lorazepam --trademarked as Ativan or Orfidal-- is a high-potency, intermediate-duration, 3-hydroxy benzodiazepine drug, often used to treat anxiety disorders. The MTUS Guidelines page 24 states, benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." It is not known when Lorazepam was first prescribed, nor whether this medication is being initiated. The 01/06/15 progress report indicates that the treater requested this medication for temporary supply. However, none of the reports specifically discuss regarding the patient's anxiety condition for which Lorazepam would be indicated. Benzodiazepines run the risk of dependence and difficulty of weaning per MTUS and ODG Guidelines. It is not recommended for a long-term use. The request of Lorazepam 0.5mg #30 IS NOT medically necessary.