

<b>Case Number:</b>	CM15-0174241		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	09/24/2009
<b>Decision Date:</b>	10/16/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 61 year old male, who sustained an industrial injury on September 24, 2009. The injured worker was evaluated on August 7, 2015 in a psychiatric follow-up. He reported compliance with his medications. He reported no suicidal ideations, no homicidal ideations and no side effects. He reported indigestion. He reported less depression, less anxiety, less irritable while on the medications. His medications include Ambien 10 mg, Ativan 1 mg and Zoloft 100 mg. He has been on this medication regimen since at least February 6, 2015. The injured worker was diagnosed as having mild major depressive disorder and anxiety disorder. Treatment to date has included psychiatric sessions, sleep aids, anti-depressant medications and anti-anxiety medications. A request for authorization for Ativan 1 mg #30 was received on August 18, 2015. On August 20, 2015, the Utilization Review physician determined that a request for Ativan 1 mg #30 be modified to Ativan 1 mg #15.

### 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 Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Lorazepam.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

**Decision rationale:** The claimant sustained a work injury in September 2009 and is being treated for injuries sustained when he fell from a ladder while working as an electrician including secondary psychological trauma. Medical conditions include gastritis, obstructive sleep apnea, abdominal pain, and hemorrhoids. When seen, he was compliant with medications. He was having indigestions. He was less depressed, anxious, calm, and less irritable. Ambien, Ativan, and Zoloft were prescribed. Ativan (lorazepam) is a benzodiazepine, which is not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids and mixed overdoses are often a cause of fatalities. Chronic benzodiazepines are the treatment of choice in very few conditions. 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 and further treatment of the claimant's depression could be considered. Recent research also suggests that the use of benzodiazepines to treat insomnia or anxiety may increase the risk for Alzheimer's disease. Gradual weaning is recommended for long-term users. Continued prescribing is not medically necessary.