

<b>Case Number:</b>	CM15-0174279		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	04/13/2010
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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, Arizona, Maryland  
 Certification(s)/Specialty: Psychiatry

### 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 43 year old male with an industrial injury dated 04-13-2010. Medical record review indicates he is being treated for depressive disorder, neck pain, right elbow pain and back pain and occupational physical injury with pain and disability. Prior surgery included lumbar 5-sacral 1 discectomy and fusion on 09-21-2011. The progress note dated 07-21-2015 documents the injured worker had an injury to his neck, back and right elbow and experienced the onset of mental symptoms about two years after the date of injury due to pain and disability. Documented complaints include anxiety, depression, crying episodes, insomnia without medication low memory and concentration and low energy level. The treating physician noted the injured worker was not taking any psychotropic medication except sleeping medicine prescribed by his pain management physician. The treating physician documents the injured worker is polite, cooperative and reliable. Thought content is documented as "somewhat tense and dysphoric, consistent with the mood and circumstances." The treating physician documents the injured worker reported difficulty sleeping due to persisting pain and excessive worries and reported suicidal ideas. Treatment plan is documented as cognitive behavioral group psychotherapy once per week for six weeks, hypnotherapy-relaxation training once per week for six weeks, referred to psychiatrist for evaluation and treatment, medications and follow up in 45 days. In the primary treating physician progress report note dated 08-18-2015, his medications from his primary physician included Tramadol ER, Celebrex, Prilosec, Trazadone, Lunesta, Fioricet and Bupropion. Prior treatment is documented as psychiatric, acupuncture, chiropractic and physical therapy for injury. The request for authorization dated 08-12-2015 is for Ativan 1 mg #30. On 08-24-2015, the request for Ativan 1 mg # 30 was 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), Treatment Index, 13th Edition (web), 2015, Mental Illness & Stress Chapter, Benzodiazepines; FDA Prescribing Guidelines.

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

**Decision rationale:** MTUS states, “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. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been prescribed Ativan 1 mg daily on an ongoing basis for over 4 weeks with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. The request for Ativan 1mg #30 is excessive and not medically necessary. It is to be noted that the UR physician authorized 15 tablets for purpose of safe taper.