

<b>Case Number:</b>	CM15-0179615		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	05/23/2011
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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 50 year old female, who sustained an industrial injury on 05-23-2011. The injured worker is currently working full duty. Medical records indicated that the injured worker is undergoing treatment for post-traumatic stress disorder. Treatment and diagnostics to date has included psychotherapy and medications. Current medications include Ativan, Bupropion, Lexapro, Prazosin, Sonata, Trazodone, Wellbutrin, and Xanax. In a progress notes dated 06-17-2015 and 08-12-2015, the injured worker reported having "panic attacks" and not being able to sleep. Objective findings included "patient alert and oriented to time, place, and person. She appears fatigued and somewhat stressed but logical and coherent". The Utilization Review with a decision date of 08-25-2015 non-certified the request for Ativan 0.5mg #20.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ativan 0.5 mg #20:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** The claimant sustained a work injury in May 2011 and is being treated for psychological sequela after being robbed while leaving her office with injuries that included knife wounds to the face, neck, and arm. The claimant has PTSD and secondary weight gain with a BMI over 33 and has been diagnosed with obstructive sleep apnea. When seen, all medications were making her sleepy and she wasn't always taking them. Current meds included Ativan and Xanax. Xanax (alprazolam) and Ativan (lorazepam) are benzodiazepines which are not recommended for long-term use. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to muscle relaxant effects occurs within weeks and long-term use may increase anxiety. In this case, benzodiazepines have been prescribed on a long-term basis and there are other preferred treatments. Gradual weaning is recommended for long-term users. Continued prescribing is not medically necessary.