

<b>Case Number:</b>	CM15-0065351		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	08/03/1992
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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 47-year-old male who sustained an industrial injury on 8/3/92. The injured worker reported symptoms of depression, anxiety and back pain. The injured worker was diagnosed as having lumbago, thoracic/lumbosacral neuritis/radiculitis unspecified, post-laminectomy syndrome lumbar region and major depressive disorder single episode moderate. Treatments to date have included selective serotonin reuptake inhibitor, benzodiazepine, injections, home exercise program, moist heat, and activity modification. Currently, the injured worker complains of back pain, depression and anxiety. The plan of care was for medication prescriptions and a follow up appointment at a later date.

### 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 Benzodiazepine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines Chapter 'Pain (Chronic)' and Topic 'Benzodiazepine'.

**Decision rationale:** The patient presents with depression, anxiety, and back pain. The request is for Ativan 0.5MG #30. The request for authorization is dated 03/18/15. Patient complains of feelings of worthlessness, lack of motivation and difficulty sleeping. The patient has had episodes of depression. The patient states with his medication regimen he is able to continue studying. The patient discusses his difficulty coping with allergies and sinus problems. He discusses his difficulty with back and leg pain. He feels he needs back surgery. He has difficulty sitting for long periods of time. He discusses how difficult it is to sit in class due to back pain. The patient discusses his financial pressures. The patient discusses his frustration about having to take so long to graduate. The patient discusses his plans to re-enter the job market. The patient says his psychiatric medications are helping him. Patient's medications include Methadone, Soma, Neurontin, Celebrex, Pantoprazole, Ativan, Effexor, Zyprexa and Cytomel. Per progress report dated, 02/17/15, the patient is temporarily totally disabled. ODG guidelines, chapter 'Pain (chronic)' and topic 'Benzodiazepine', have the following regarding insomnia treatments: "Not recommended for long-term use (longer than two weeks), 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." 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." Treater does not specifically discuss this medication. MTUS guidelines do not recommend use of Ativan for prolonged periods of time and states that most guidelines "limit use of this medication to 4 weeks." However, patient is prescribed Ativan since at least 10/22/14. Furthermore, the request for additional Ativan #30 does not indicate intended short-term use of this medication. Therefore, the request is not medically necessary.