

<b>Case Number:</b>	CM15-0098647		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	12/01/2008
<b>Decision Date:</b>	06/29/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 12/01/2008. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include right sacroiliac joint pain, bilateral lumbar facet joint pain, lumbar disc protrusion and facet joint arthropathy, cervical facet joint pain, disc protrusion, bilateral knee pain, and degenerative joint disease, meniscus tear and joint effusion. She is also diagnosed with discoid lupus. She is status post bilateral knee replacement in 2012 and 2013. Treatments to date include medication management, physical therapy, epidural steroid injection and radiofrequency ablation. Currently, she complained of midline low back pain. On 4/28/15, the physical examination documented restricted range of motion due to pain in the lumbar and cervical spine and bilateral knees. The left knee was edematous. The lumbar spine was tender with palpable muscle spasms. Lumbar facet joint, cervical, and knee provocative maneuvers were positive. The provider documented 90% improvement of anxiety and 90% improvement in activities of daily living with Ativan use. The plan of care included Ambien 1mg #30.

### 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 Treatment Guidelines Benzodiazepines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 22.

**Decision rationale:** The California chronic pain medical treatment guidelines section on benzodiazepines states: Benzodiazepines 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. Tolerance to hypnotic effects develops rapidly. 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. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005). The chronic long-term use of this class of medication is recommended in very few conditions per the California MTUS. There is no evidence however of failure of first line agent for the treatment of anxiety in the provided documentation. For this reason the request is not medically necessary.