

Case Number:	CM13-0001227		
Date Assigned:	05/02/2014	Date of Injury:	03/26/2012
Decision Date:	06/09/2014	UR Denial Date:	07/03/2013
Priority:	Standard	Application Received:	07/11/2013

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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 29 year old female who sustained a work injury on 3/26/12 involving the neck, low back, left shoulder, left knee, left ankle and feet. She had a diagnosis of posterior cruciate ligament tear and slap tears of the left knee, cervical, lumbar and thoracic strain. She had no prior medical history. She underwent physical therapy, acupuncture treatments and had taken oral analgesics for pain control. Due to her pain symptoms she had difficulty falling her sleep. She slept 4 hours /night. An exam report on 6/18/13 indicated the claimant had 8/10 pain. Due to change in lifestyle, pain and financial conditions she was undergoing anxiety and depression. She had been taking Trazadone for these symptoms. On 7/17/13, a progress report noted a single line statement that due to anxiety and depressions, Ativan was prescribed. Due to her knee injury a sleeping pillow was prescribed as well. The Ativan was continued for over 5 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE SLEEPING PILLOW: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation NATIONAL PRESSURE ULCER GUIDELINES (NPUAP).

Decision rationale: Sleeping pillows are used for spinal alignment and improve sleep. It is often used between the knees to fill the gap when lying sideways and to alleviate discomfort during sleep. The MTUS, ODG and ACOEM guidelines do not comment on sleeping pillows. According to the NPUAP guidelines, pillow may be placed between the knees in the prevention of pressure ulcers. In this case, there is no mention of the use of a pillow to treat or prevent a pressure ulcer. In addition, there are no studies to support the use of a sleeping pillow. As such, it is not medically necessary.

ATIVAN 1MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Page(s): 24.

Decision rationale: According to the MTUS guidelines, 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. Based on the claimant's long-term use and lack of proven benefits for sleep and depression, Ativan is not medically necessary.