MAXIMUS Federal Services

Case Number:	CM13-0028233		
Date Assigned:	11/22/2013	Date of Injury:	07/20/2010
Decision Date:	03/25/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 physician 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.

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 claimant is presenting with right knee and low back pain following a work related injury. The pain was localized to the low back and radiating to the lower extremities. The pain is described as constant with numbness and tingling. The claimant is status post right knee arthroscopy with synovectomy and right knee arthroscopy/chrondroplasty. MRI of the right knee was significant for minimal globular increased signal intensity posterior horn of the medial meniscus most consistent with intrasubstance degeneration. Tear is not excluded and Tricompartmental osteoarthritic changes. MRI of the lumbar spine was significant for L4-5, 1-2 mm posterior disc bulge without evidence of canal stenosis or neural foraminal narrowing, L5-S1 posterior annular tear intervertebral disc accompanied by 2 mm posterior disc bulge without evidence of canal stenosis or neural foraminal narrowing. MRA of the right knee was significant for Baker's cyst. EMG/NCS was significant for severe sensory motor peripheral neuropathy (axonal and demyelinating), abnormal right and left tibial H-reflex responses related to the presence of the peripheral neuropathy, possible active bilateral SI sacral radiculopathy with some active denervation potentials present in one muscle of the right and left S1 myotomes. The claimant's medications include Ativan, Gabapentin, and Norco. The claimant was diagnosed with lumbar radiculitis, lumbar disc protrusion, lumbar spinal stenosis, and internal derangement, right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1mg #60: Upheld

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

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

Decision rationale: Xanax 1 mg #60 is not medically necessary. Ca MTUS page 24 states that "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. They're ranging actions include sedative/hypnotic, anxiolytic, anticonvulsant and muscle relaxant. Chronic benzodiazepines is the treatment of choice for 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." The claimant has been on long term benzodiazepines and per Ca MTUS is not medically necessary. If the claimant is not already weaning off this medication, a protocol to wean should be initiated with one last authorized medication renewal.