

Case Number:	CM13-0045224		
Date Assigned:	12/27/2013	Date of Injury:	03/04/2011
Decision Date:	07/29/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/12/2013

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 Psychiatry 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:

This is a 64-year-old patient with a 3/4/2011 date of injury. The mechanism of injury was not noted. On a physical exam report dated 5/14/2013, the patient had bilateral upper body pain, numbness, tingling and weakness. The patient also complained to continued difficulty associated with sadness, irritability, depression and anxiety. The patient's diagnostic impression was cervical degenerative disc disease. The patient's treatment to date includes activity modification and medication management. A UR dated 10/23/2013 denied the request for Ativan 1 mg, stating that it is not recommended for long term use because long term efficacy is unproven and there is 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. Treatment to date: medication management, activity modification. A UR dated 10/23/2013 denied the request for Ativan 1 mg, stating that it is not recommended for long term use because long term efficacy is unproven and there is 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

ACTIVAN 1 MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation BENZODIAZEPINES, 24.

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They 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. The patient has clearly exceeded 4 weeks of treatment with Ativan with no documented functional improvement. Therefore, the request for Ativan 1mg was not medically necessary.