

Case Number:	CM13-0066988		
Date Assigned:	01/03/2014	Date of Injury:	05/06/2005
Decision Date:	04/15/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/17/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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 41 year old male who was injured on 05/06/2005 while performing his usual duties as a plumbing foreman and was moving a heavy 15 foot ladder; he bent his back and developed severe pain shooting into the right lower extremity. Prior treatment history has included spinal cord stimulation. The patient underwent lumbar fusion, L3 through S1 with posterior instrumentation. 12/19/2013 Medications Include: Kadian 10 mg one p.o. t.i.d. for baseline pain relief MSIR 15 mg q.i.d. as needed for breakthrough incidental pain Gabapentin 600 mg t.i.d. for neuropathic pain Ambien 10 mg q. h. s. for sleep Ativan 1 mg q. h. s. p.r.n. 11/05/2013 Medication Include: MSIR 15 mg one tablet four times per day Gabapentin 600 mg t.i.d. one tablet three times a day Motrin 600 mg p.r.n. approximately twice per week Ativan 1 mg one q. h. s. as needed approximately 10 times per month Kadian 10mg one tablet t.i.d. 10/10/2013 Mediations Include: MSIR 15 mg one tablet four times per day Ambien 10 mg q. h.s. Gabapentin 600 mg t.i.d. Motrin 600 mg p.r.n. Ativan 1 mg one q. h. s. Kadian 10mg one tablet t.i.d. 08/22/2013 Medications Include: MSIR 15 mg one tablet four times per day Ambien 10 mg q. h.s. Gabapentin 600 mg t.i.d. Motrin 600 mg p.r.n. up to 4 times a week Ativan 1 mg q. h. s. Kadian 10mg one tablet t.i.d. 07/23/2013 Medications Include: Ambien 10 mg one tablet q. h.s MSIR 15 mg eight tablets per day Gabapentin 600 mg t.i.d. Motrin 600 mg p.r.n. Ativan 1 mg Urine Drug Screen dated 11/05/2013 revealed Gabapentin (Qualitative) and Morphine (10) was detected indicating the patient was taking medication as prescribed. Pain management re-evaluation dated 12/19/2013 indicated the patient was reporting benefit from her medication. Despite the decreased efficacy with the morphine medication, the patient states that it does enable him to function on a daily basis and perform his activities of daily living. Objective findings on exam revealed tenderness with spasm at the lumbar muscles. There was decreased range of motion of the lumbar spine limited by pain. His straight leg raise was positive

bilaterally. The patient ambulates with the labored gait. The patient was diagnosed with 1) Low back fusion L3 through S1; 2) Lumbar radiculopathy; 3) Hypogonadism secondary to opioids use; 4) Insomnia and depression, stable. Pain Management re-evaluation dated 11/05/2013 stated the patient is closely monitored through regular performance of urinary drug screenings on approximately once a quarter basis. There is a signed opioids agreement in the file.

IMR ISSUES, DECISIONS AND RATIONALES

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

ATIVAN 1 MG, #10: 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): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Lorazepam

Decision rationale: "Benzodiazepines: Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Lorazepam: Not recommended. See Benzodiazepines. Benzodiazepines: Not recommended for long-term use 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. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities)." According to the evidence-based guidelines cited above, lorazepam (Ativan) is not recommended. With benzodiazepines, there is risk of dependence, addiction, and it is a major cause of overdose. The patient reports that his current medication regimen is adequate in addressing his pain level, as it allows him to function on a daily level and continue to perform his activities of daily living. He does not present with any subjective complaints or objective findings of anxiety. The medical records do not establish a viable rationale as to establish prescription of a medication that is not recommended under the evidence-based guidelines. Therefore, the medical necessity of Ativan is not established.