

Case Number:	CM14-0102158		
Date Assigned:	07/30/2014	Date of Injury:	04/25/2011
Decision Date:	08/29/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/02/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 41-year-old male with a 4/25/11 date of injury. At the time (6/24/14) of the Decision for Ativan 1mg Qty 30, there is documentation of subjective (low back pain radiating to the lower extremities with numbness and left knee pain) and objective (decreased lumbar spine range of motion, tenderness over the lumbar spine, and decreased left knee range of motion) findings, current diagnoses (lumbar radiculopathy, left knee anterior cruciate ligament (ACL) tear, and status post left knee surgery), and treatment to date (medications (including Ativan since at least 1/10/14)). There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Ativan use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1mg Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that benzodiazepines are not recommended for long-term use and that most guidelines limit use to 4 weeks. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy, left knee ACL tear, and status post left knee surgery. In addition, there is documentation of ongoing treatment with Ativan. However, given documentation of records reflecting prescriptions for Ativan since at least 1/10/14, there is no documentation of the intention to treat over a short course (up to 4 weeks). In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Ativan use to date. Therefore, based on guidelines and a review of the evidence, the request for Ativan 1mg Qty 30 is not medically necessary.