MAXIMUS Federal Services

Case Number:	CM14-0102940		
Date Assigned:	07/30/2014	Date of Injury:	03/06/2002
Decision Date:	08/29/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	07/03/2014

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 Physical Medicine and Rehabilitation, Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 55 year old male who suffered a work related injury on 03/08/02. The only medical record submitted for review is dated 04/28/14. The injured worker underwent a caudal epidural steroid injection on 03/10/13 for radiculitis to the right lower extremity and reports greater than 50% relief with the injection. The injured worker's Oxycontin ER 40mg has been reduced to 120 mg per day. It is noted, the treating physician will keep the injured worker at 6 instead of 7 every 8 hours until there's an ability to continue treatment to reduce his pain. Medications: Oxycontin, Oxycodone, Ambien, Xanax, Nuvigil, and Ativan are noted. The injured worker had a lumbar discectomy in 2002; a microdiscectomy and hemilaminotomy approximately five years ago. Physical examination revealed a well-developed and well-nourished male in no acute distress. A positive straight leg raise of the right lower extremity at 50 degrees and on the left at 40 degrees is noted. Diagnoses are lumbar radiculopathy to both lower extremities, worse on the right. Severe foraminal stenosis bilaterally at L5-S1 and left side at L4-5 is noted. Epidural fibrosis and failed back surgery is noted. Foot drop of right lower extremity is also noted. History of hypogonadism secondary to opiate use is noted. A prior utilization review on 06/03/14 modified the request for Ativan 2mg #80 to allow the injured worker to initiate weaning of medication with a reduction of 10% per week over a weaning period of two to three months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 2mg #60 times 2: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Benzodiazepines.

Decision rationale: The request for Ativan 2mg #60 times two is not medically necessary. Prior utilization review on 06/03/14 modified the request for Ativan 2mg #80 to allow the injured worker to initiate weaning of medication with a reduction of 10% per week over a weaning period of two to three months. There is no evidence of weaning of medication, from the submitted clinical documents. Ativan is 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 four weeks. As such, medical necessity has not been established. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician.