

Case Number:	CM14-0122435		
Date Assigned:	08/06/2014	Date of Injury:	06/19/2009
Decision Date:	09/15/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	08/04/2014

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 65-year-old male with a 6/19/09 date of injury. At the time (5/1/14) of request for authorization for Ativan 1mg #90, there is documentation of subjective (chronic low back pain) and objective (positive straight leg raise bilaterally, positive Lasegue, and positive paraspinal muscle spasms) findings, current diagnoses (lumbar discogenic disease, lumbar spine sprain/strain, chronic low back pain, and lumbar facet arthropathy), and treatment to date (medications (including ongoing treatment with Ativan)). 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 #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Benzodiazepine.

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 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 discogenic disease, lumbar spine sprain/strain, chronic low back pain, and lumbar facet arthropathy. However, given documentation of ongoing treatment with Ativan, there is no (clear) 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 #90 is not medically necessary.