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| Case Number: | CM14-0122596 | | |
| Date Assigned: | 08/29/2014 | Date of Injury: | 03/07/2003 |
| Decision Date: | 10/08/2014 | UR Denial Date: | 07/16/2014 |
| 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California and Washington. 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 44-year-old male who reported an injury on 03/07/2003. The mechanism of injury was not provided. On 08/01/2014, the injured worker presented with back pain. Current medications included Celexa, Lorazepam, and Oxycodone. Upon examination of the lumbar spine, there was paraspinal tenderness over the L3-5 and decreased active range of motion with flexion and extension. There was no costovertebral angle tenderness. Diagnoses were lumbago and lumbar disc degeneration. The provider recommended Ativan. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1mg #30 between 7/3/2014 and 9/13/2014: 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 rationale: The request for Ativan 1mg #30 between 7/3/2014 and 9/13/2014 is not medically necessary. The California Medical Treatment Utilization Schedule (MTUS) Guidelines do not recommend the use of benzodiazepine for long term use because long term efficacy is unproven. Most guidelines limits the use for 4 weeks. There is lack of efficacy of the previous use of the medication documented to support continued use and the frequency is not provided in the request as submitted. As such, medical necessity has not been established.