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| Case Number: | CM14-0153135 | | |
| Date Assigned: | 09/23/2014 | Date of Injury: | 01/14/2011 |
| Decision Date: | 10/29/2014 | UR Denial Date: | 09/10/2014 |
| Priority: | Standard | Application Received: | 09/19/2014 |

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 and is licensed to practice in Alabama. 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:

Patient is a 50 year old female who reported an injury on 1/14/2011. On 8/15/14, she reported moderate to severe back pain that radiated to the left ankle, arms, left calf, foot, and thighs. She reported her pain severity to be 10/10 without medications, a 7/10 pain with medications. On physical examination, she has right straight leg test, an antalgic gait is noted, and there was tenderness at the sciatic notch on the right. The provider requested an epidural injection and 12 tablets of Ativan between September and October of 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 tablets of Ativan 0.5 mg: 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 rationale: The CA MTUS guidelines state that benzodiazepines are not recommended for long term use because their efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. This patient has been taking Ativan for an unknown period of time prior to this request. Therefore, without knowing the length of treatment with this

medication, the request would not be supported as this medication is not recommended for long term use. Furthermore, there was a lack of documentation regarding objective functional improvement with the use of this medication. In the absence of this information, the request would not be supported by the evidence based guidelines. Therefore, based on the CA MTUS guidelines and available medical records, this request would not be medically necessary.