

Case Number:	CM14-0169955		
Date Assigned:	10/20/2014	Date of Injury:	12/29/1996
Decision Date:	11/20/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/15/2014

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 Tennessee. 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:

This is a 61-year-old male with a 10/29/96 date of injury; the mechanism of the injury was not described. The patient underwent lumbar laminectomy in 2001. The patient was seen on 5/1/14 with complaints of chronic back pain with radicular symptoms in both legs with tingling in both feet. The exam findings revealed restricted range of motion of the lumbar spine, positive straight leg raising test bilaterally and hypoactive reflexes in the lower extremities. The patient was noted to be on Norco, Prilosec and Lorazepam. The reviewer's note dated 9/18/14 stated that the prescribing physician's progress report dated 9/10/14 indicated that the patient was utilizing Lorazepam for muscle spasm with no aberrant behavior. The diagnosis is chronic lumbago, status post 3 back surgeries, radicular symptoms to both legs and lumbar disc disease. Treatment to date: 3 lumbar spine surgeries, work restrictions and medications. An adverse determination was received on 9/18/14 given that the patient exceeded the recommended time of use due to the guidelines and that the weaning was initiated on 5/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1mg #30: 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: CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. However, the progress notes indicated that the patient was using benzodiazepines at least from 5/1/14. In addition, there is no rationale with regards for the necessity for Ativan for the patient. Lastly, the guidelines do not support long-term treatment with benzodiazepines and it was noted that the weaning off of Ativan was initiated on 5/18/14. Therefore, the request for Ativan 1 mg#30 was not medically necessary.