

Case Number:	CM14-0021191		
Date Assigned:	04/04/2014	Date of Injury:	04/05/2011
Decision Date:	05/27/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/09/2014

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 Preventive Medicine, 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:

The California MTUS Chronic Pain Medical Treatment Guidelines state Buprenorphine is recommended for treatment of opiate addiction. It is also recommended as an option for chronic pain, after detoxification in patients who have a history of opiate addiction. Based on the medical records provided for review there is no documentation of opiate addiction or detoxification. The injured worker has utilized Butrans 10 mcg/hr patch since 08/2013. The injured worker continues to report 8/10 lower back pain. There is no evidence of objective functional improvement. There is also no frequency listed in the current request. The request for Burtans 10 mcg/hr patch # 8, for weaning purpose is not medically necessary and appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

ATIVAN 1MG QHS PRN #30 FOR INSOMNIA: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiaepines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The MTUS Chronic Pain Guidelines indicate that Benzodiazepines are not recommended for long-term use and that most guidelines limit use to 4 weeks. Within the

medical information available for review, there is documentation of diagnoses of lumbar strain, muscle spasms, and insomnia. In addition, given an absence of documentation of previous Ativan use, along with the documentation of the request for Ativan 1mg qhs prn #30, there is documentation that the request will not exceed a short course (up to 4 weeks). Therefore, based on guidelines and a review of the evidence, the request for Ativan 1mg qhs prn #30 for insomnia is medically necessary and appropriate.