

Case Number:	CM14-0034457		
Date Assigned:	06/20/2014	Date of Injury:	06/19/2009
Decision Date:	08/12/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/19/2014

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 Emergency 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 injured worker is a 65-year-old male, who sustained an injury on June 19, 2009. The mechanism of injury occurred was not noted. Diagnostics are not noted. Treatments have included: medications, trigger point injections, massage, lumbar corset. The current diagnoses are lumbosacral neuritis, multilevel lumbar discogenic disease, chronic lumbar strain/sprain, and lumbar facet arthropathy. The stated purpose of the request for Ativan 1mg #90 was not noted. The request for Ativan 1mg #90 was modified for Quantity 68 on February 21, 2014, noting that benzodiazepines are not guideline-recommended for long-term use, and a weaning schedule was initiated. The report dated January 9, 2014, the treating physician noted complaints of chronic low back pain and exam findings including lumbar facet tenderness, lower lumbar paraspinal trigger points and tenderness and spasm, with diminished motor strength and sensation at L5-S1 bilaterally.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Benzodiazepines.

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

Decision rationale: The requested Ativan 1mg #90 is not medically necessary. The California MTUS Chronic Pain Treatment Guidelines, Benzodiazepines, Page 24, note that benzodiazepines are Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. The injured worker has chronic low back pain and has been prescribed this medication since at least June 2012. The treating physician has documented lumbar facet tenderness, lower lumbar paraspinal trigger points, tenderness, and spasm, with diminished motor strength and sensation at L5-S1 bilaterally. The treating physician has not documented the medical indication for continued use of this benzodiazepine medication, nor objective evidence of derived functional benefit from its previous use. The criteria noted above not having been met, Ativan 1mg #90, is not medically necessary.