

Case Number:	CM14-0041942		
Date Assigned:	07/02/2014	Date of Injury:	08/16/1986
Decision Date:	10/24/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/07/2014

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 Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 patient is a 58-year-old female with a date of injury of 08/16/1986. The listed diagnoses per [REDACTED] are: 1. Multiple musculoskeletal conditions in the cervical and lumbar spine. 2. Sleep difficulties. According to progress report 02/10/2014, the patient presents with chronic neck and low back pain. Examination revealed tenderness to palpation, spasm in the cervical paraspinals, trapezius, and lumbar paraspinals. There was restrictive range of motion of the cervical and lumbar spine. The patient was released to normal work duties. This is a request for Ativan 2 mg #30, which was dispensed on 02/26/2014. Utilization review denied the request on 3/21/14. Treatment reports 2/7/14-3/26/14 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Ativan 2mg between 2/26/2014 and 2/26/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: This patient presents with chronic neck and low back pain. The treating physician is requesting Ativan 2 mg #30, which was dispensed on 02/26/2014. Utilization review denied the request stating, "Records do not document objective evidence of improvement of sleep difficulties resulting from the long term use of this medication." The MTUS Guidelines page 24 states benzodiazepines are not recommended for long term use because long term efficacies are unproven and there is a risk of dependence." The progress reports are not clear on when this medication was first prescribed. The Utilization review indicates the patient has been prescribed this medication since 2012 for the treatment of patient's sleep difficulties. MTUS guidelines are clear on long term use of Benzodiazepines and recommends maximum use of 4 weeks due to "unproven efficacy and risk of dependence." The request is not medically necessary.