

Case Number:	CM14-0048151		
Date Assigned:	07/11/2014	Date of Injury:	03/23/2000
Decision Date:	08/27/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/16/2014

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 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:

According to the records made available for review, this is a 57-year-old male with a 3/23/00 date of injury. At the time (3/19/14) of request for authorization for Ativan 1mg #210, there is documentation of subjective (cervical region, thoracolumbar region, bilateral buttock, bilateral lower extremity, and bilateral foot pain) and objective (anxious, decreased sensation in the bilateral lower extremities,) findings. The current diagnoses include opioid dependence, lumbosacral spondylosis without myelopathy, fibromyositis and displacement of lumbar intervertebral disc without myelopathy. The treatment to date includes a gym membership, epidural steroid injection, home exercise program and medications including Ativan. A 2/7/14 medical report identifies that the patient is able to manage the pain fairly well with the use of medications. There is no documentation of the intention to treat over a short course, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Ativan use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1mg #210: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydromorphone (Dilaudid; generic available).

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies that benzodiazepines are not recommended for long-term and that most guidelines limit use to 4 weeks. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of opioid dependence, lumbosacral spondylosis without myelopathy, fibromyositis, and displacement of lumbar intervertebral disc without myelopathy. However, given documentation that Ativan has been prescribed since at least November of 2012, there is no documentation of an intention to treat over a short course. In addition, despite documentation that the patient is able to manage the pain fairly well with the use of medications, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Ativan use to date. Therefore, based on guidelines and a review of the evidence, the request for Ativan 1mg #210 is not medically necessary.