

Case Number:	CM14-0051677		
Date Assigned:	07/07/2014	Date of Injury:	11/06/2001
Decision Date:	08/28/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/18/2014

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 Occupational 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:

This is a 54-year-old male with an 11/6/01 date of injury. The patient was seen on 3/10/14 with complaints of low back pain, 8/10, decreased anxiety, and the patient was noted to be tapering his methadone. Exam findings revealed L spine tenderness, positive straight leg raise, 5/5 motor strength, decreased sensation in L5/S1 dermatomes bilaterally, and increased pain with Lasegues test. The patient has been on Ativan and Inderal chronically since at least August of last year. The Inderal is for anxiety. The diagnosis is lumbar intervertebral disc displacement without myelopathy. Treatment to date includes L5/S1 fusion, L4/L5 fusion, PT, medications. An adverse determination was received on 3/24/14 given Inderal was prescribed for anxiety but there was a lack of psychiatric documentation. The rationale for the adverse determination for Ativan was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Weaning of Medications Page(s): 24, 124.

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

Decision rationale: The California 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. This patient has been on Ativan chronically and there is a lack of documentation with regard to why it is being used, its efficacy, and why the patient requires this medication long term. His pain was not significantly changed from August 2013 to the most recent progress note. In addition, the guidelines do not support ongoing use of benzodiazepines and this patient has exceeded the recommended guideline for duration of use. Therefore, the request for Ativan is not medically necessary.

Inderal 20 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Thompson Micromedex, FDA labeled indication of Inderal-propranolol.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter-Migraine.

Decision rationale: The California MTUS does not address this issue. The ODG Inderal is a beta-blocker that is considered a first line agent for migraine prophylaxis. This patient is not using this medication for migraine, but rather for anxiety. However, there is a lack of documentation with regard to this medication's efficacy as the patient has been on this medication chronically since at least August of last year. Therefore, the request for Inderal is not medically necessary.