

Case Number:	CM14-0052849		
Date Assigned:	07/07/2014	Date of Injury:	01/23/2006
Decision Date:	08/06/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	04/21/2014

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 Medicine & Rehabilitation and 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 61 year old male with an injury date of 01/23/06. Based on the 03/12/14 progress report provided by [REDACTED] the patient complains of neck pain with radicular pain down the bilateral upper extremity. The patient also has bilateral knee pain and lower back pain which radiates to the bilateral lower extremities. The 03/11/14 report states that the patient had spinal vertebral tenderness at C4-7 on the left side. Regarding the lumbar spine, there is spasm noted in the bilateral paraspinal musculature and tenderness noted upon palpation in the spinal vertebral area L3-S1 levels. His diagnoses include the following: 1. Cervical radiculopathy 2. Lumbar radiculopathy 3. Right shoulder pain 4. Chronic pain, other [REDACTED] is requesting for Ativan 1 mg #30, plus 3 refills. The utilization review determination being challenged is dated 04/17/14. [REDACTED] is the requesting provider, and she provided treatment reports from 06/18/13- 03/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1mg #30, with three (3) refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

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

Decision rationale: According to the 03/12/14 report by [REDACTED] the patient has neck pain with radicular pain down the bilateral upper extremity. The patient also has bilateral knee pain and lower back pain which radiates to the bilateral lower extremities. The request is for Ativan 1 mg #30, plus 3 refills for sleep. The patient has been taking Ativan since 11/06/13. MTUS page 24 states that Benzodiazepines 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." In this case, the patient has been taking Ativan since 11/06/13, which exceeds the 4 weeks that are recommended within MTUS guidelines. Therefore, the request for Ativan 1mg #30, with three (3) refills is not medically necessary and appropriate.