MAXIMUS Federal Services

Case Number:	CM14-0060753		
Date Assigned:	07/09/2014	Date of Injury:	07/31/1999
Decision Date:	09/15/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/01/2014

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/ Pain management and is licensed to practice in Texas & Oklahoma. 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 43-year-old female who reported an injury on 07/31/1999. The mechanism of injury was not provided within the documentation submitted for review. Her diagnoses were noted to be chronic back with a sprain/strain injury and degenerative disc disease. She was noted to have prior treatments of medications. The injured worker had a clinical evaluation on 07/03/2014. Her subjective complaints were noted to be pain in her back that radiated into her leg, which she rated an 8/10. She also reported ongoing right knee with instability, which she rated a 7/10. The objective physical examination findings were lower back with limited range of motion. Her right knee was noted to have crepitus on passive range of flexion to extension. She was noted to have medications, including Butrans patch, Norco, Ativan and Effexor. The treatment plan was noted to be a narcotic contract and urine drug screen. The provider's rationale was not submitted with the documentation for review. The Request for Authorization form was provided and dated 03/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1mg #45: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for Ativan 1 mg quantity 45 is medically not necessary. The guidelines do not recommend benzodiazepines for long term use, because long efficacy is unproven and there is a risk of dependence. Most guidelines limited use to 4 weeks. The guidelines state chronic diazepines are the treatment choice in very few conditions. Tolerance to hypnotic effects develops rapidly. The documents provided for review contain a clinical evaluation that noted prior use of Ativan. The efficacy was not noted. In addition, the guidelines do not recommend Ativan use beyond 4 weeks. The request submitted failed to provide a dosage frequency. As such, the request for Ativan 1 mg quantity 45 is not medically necessary.