

Case Number:	CM14-0062132		
Date Assigned:	07/11/2014	Date of Injury:	05/17/1999
Decision Date:	09/08/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/05/2014

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 Tennessee. 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 47-year-old female who has submitted a claim for Failed Back Syndrome, Left Hip Sprain, and Sleep Medicine Complaints associated with an industrial injury date of May 17, 1999. The medical records from 2008 through 2014 were reviewed, which showed that the patient complained of low back pain radiating to both feet. Her legs felt weak with prolonged weight bearing. On physical examination, there was a well-healed surgical scar at the lumbar spine area. There was tenderness and muscle spasm over the lumbar spinal musculature. Straight leg raise test was positive bilaterally. Lumbar spine range of motion was decreased on all planes. There was decreased sensation at the right L4 to S1 nerve root distribution. The treatments to date has include percutaneous intradiscal electrothermal treatment at L3-L4; L4-5 and L5-S1 anterior discectomy with L4, L5, and S1 partial corpectomies and L4-L5 and L5-S1 intervertebral fusion, spinal cord stimulator implantation and removal, physical therapy, home exercise program, TENS unit and medications including Ativan 2 mg one tablet by mouth at night as needed for sleep (since at least April 2014), which was decreased to Ativan 1 mg tablet twice per day for 10 days then decreased to every evening for 10 days then discontinued (since May 2014). The utilization review from April 29, 2014 modified the request for Ativan 2 mg #30 to Ativan 2 mg #18 for weaning purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 2 mg #30: 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 page 24 of the CA MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit its use to 4 weeks. In this case, Ativan was being prescribed as a sleep aide since at least April 2014 (five months to date), which is beyond the recommended duration of use. Furthermore, there was no documentation of improved sleeping habits with the use of Ativan. Moreover, the most recent progress note stated that the patient was being weaned off from Ativan and the latest prescription stated that Ativan was already to be discontinued. Therefore, the request for Ativan 2 mg #30 is not medically necessary.