

Case Number:	CM14-0063174		
Date Assigned:	07/11/2014	Date of Injury:	06/29/2010
Decision Date:	09/24/2014	UR Denial Date:	04/23/2014
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 Physical Medicine and Rehabilitation, 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:

This is a male patient with a date of injury of June 29, 2010. A Utilization Review was performed on April 23, 2014 and recommended non-certification of Ativan. An evaluation dated April 9, 2014 identifies complaints of neck pain radiating to both hands, associated with headaches. The patient had become anxious, depressed, had insomnia, and was stressed. Examination identifies marked tenderness and spasm in the paracervical region. The range of motion (ROM) was markedly restricted secondary to pain. Elbow extension and finger abduction were 4/5 bilaterally and there was diminished sensation along the left C7 dermatomal distribution. Diagnoses identify major depressive disorder, single episode.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 0.6 mg #30 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Benzodiazepines.

Decision rationale: Chronic Pain Medical Treatment Guidelines state that benzodiazepines are not recommended for long-term use. Most guidelines limit their use to 4 weeks. Within the documentation available for review, there is no documentation identifying any objective functional improvement as a result of the use of Ativan. There is no indication that Ativan is being prescribed for short-term use, as recommended by guidelines. In the absence of clarity regarding those issues, the currently requested Ativan is not medically necessary.