MAXIMUS Federal Services

Case Number:	CM15-0000893		
Date Assigned:	01/12/2015	Date of Injury:	05/06/2009
Decision Date:	03/12/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/05/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 37-year-old male, who sustained an industrial injury on 05/06/2009. He has reported low back pain.The diagnoses have included status post fluoroscopically-guided bilateral L4-5 and bilateral L5-S1 facet joint radiofrequency nerve ablation; status post positive fluoroscopically-guided diagnostic bilateral L4-5 and bilateral L5-S1 facet joint medical branch block; bilateral lumbar facet joint pain at L3-S1; lumbar facet joint arthropathy; sacroiliac joint pain; and lumbar sprain/strain.Treatment to date has included OxyContin; left sacroiliac joint injection, sacroiliac joint Arthrogram and arthrography on 07/18/2014; Methadone; Ibuprofen; Ativan; Norco; and Naproxen.Currently, the injured worker complains of bilateral low back pain. The objective findings include tenderness upon palpation of the lumbar paraspinal muscles overlying the bilateral L5-S1 facet joints; lumbar extension was worse than lumbar flexion; tenderness to palpation of the left sacroiliac joint sulcus; normal muscle strength in all limbs, except the left tibialis anterior and peroneus longus; and restricted range of motion in the lower extremity and trunk, with pain. The injured worker's psychological exam was negative. The requesting physician requested Ativan 1mg #60; however, there was no rationale/reason for the requested treatment.The psychological consultation report dated 10/23/2014 indicates that the injured worker was depressed, and described himself as moody and irritable. The injured worker was diagnosed with major depressive disorder. The treating physician requested ten (10) sessions of cognitive behavioral psychotherapy.On 12/17/2014, Utilization Review (UR) non-certified the request for Ativan 1mg #60, noting that there was no clear rationale for the initiation

of a benzodiazepine, and no evidence of subjective complaints of anxiety. The MTUS Chronic Pain Guidelines and the Non-MTUS Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

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

Decision rationale: According to the 12/02/2014 report, this patient presents with bilateral low back pain with '70% improvement of his left low back pain and left buttock pain since receiving fluoroscopically -guided therapeutic left sacroiliac joint injection.' The current request is for Ativan 1 mg # 60. MTUS guidelines page 24, do 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. Only short-term use of this medication is recommended by the MTUS guidelines.Review of the medical records show the patient has been prescribed Ativan since 06/17/14 and it is unknown exactly when the patient initially started taking this medication. It would appear that this medication is prescribed on a long-term basis, longer than a month. The treater does not mention that this is for a short-term use. MTUS does not support long-term use of this medication. The request IS NOT medically necessary.