

Case Number:	CM15-0002726		
Date Assigned:	01/13/2015	Date of Injury:	01/31/2000
Decision Date:	03/16/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/06/2015

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, Arizona

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 53-year-old female who reported an injury on 01/31/1999. The mechanism of injury was not stated. The current diagnoses include status post cervical spine fusion at C5-6, left shoulder impingement syndrome, left carpal tunnel syndrome, status post left carpal tunnel release, and status post right carpal tunnel release. The injured worker presented on 11/26/2014 with complaints of neck pain and left shoulder pain. Previous conservative treatment includes physical therapy, chiropractic therapy and multiple cortisone injections. The injured worker currently utilizes NSAIDs and a home exercise program. The injured worker also utilizes Ativan, half a tablet 2 to 3 times per week for pain. Upon examination, there was tenderness over the anterior aspect of the left shoulder and biceps tendon with positive impingement sign, positive supraspinatus sign, positive Neer's test, limited cervical range of motion, and limited left shoulder range of motion. Recommendations at that time included an open MRI of the left shoulder as well as a prescription refill for Ativan 1 mg and Motrin 600 mg. A Request for Authorization form was then submitted on 11/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1mg Qty 30 with 1 Refill: Upheld

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

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

Decision rationale: The California MTUS Guidelines state benzodiazepines are not recommended for long term use because long term efficacy is unproven and there is a risk for dependence. It is unclear how long the injured worker has utilized Ativan 1 mg. It is noted that the injured worker utilizes Ativan 1 mg for pain. There are no guideline recommendations for the use of benzodiazepines for chronic pain. The injured worker does not maintain a diagnosis of anxiety disorder. There is also no documentation of objective functional improvement. There is no frequency listed in the request. Given the above, the request is not medically appropriate.