

Case Number:	CM15-0104145		
Date Assigned:	06/08/2015	Date of Injury:	12/16/2002
Decision Date:	07/08/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/01/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 51 year old male, who sustained an industrial injury on 12/16/2002. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having lumbar spine discopathy. Treatment and diagnostic studies to date has included magnetic resonance imaging of the lumbar spine, medication regimen, and electromyogram with nerve conduction velocity. In a progress note dated 12/03/2014 the treating physician reports complaints of achy low back pain along with left lower extremity pain, numbness, and weakness. The symptoms were noted to have worsened. Examination revealed an antalgic gait, abnormal toe and heel walk, tenderness to the paraspinal muscles of the lumbar spine and midline at the lumbar spine, muscle spasms at the lumbar spine, restricted range of motion along with spasms to the lumbar spine, decreased sensation at lumbar three through sacral one distribution on the left, tenderness at the sacroiliac joint on the left with compression, positive sciatic nerve compression on the left, and a positive straight leg raise on the left. The injured worker's pain level is rated a 9 out of 10. As of 12/03/2014 the injured worker' medication regimen included Norco, Flexeril, and Lorazepam that was noted to benefit the injured worker, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of his medication regimen and after use of his medication regimen to indicate the effects with the use of the injured worker's medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of his medication regimen. The treating physician requested Ativan (Lorazepam) 1mg with a quantity of 40 with 2 refills for anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1mg #40 with 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 Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Benzodiazepines.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ativan 1 mg #40 with 2 refills is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. In this case, the injured worker's working diagnosis is lumbar spine discopathy. The medical record contains 36 pages. Documentation from October and December 2014 progress notes indicates lorazepam 1 mg prescribed for anxiety. The request for authorization is dated May 12, 2014. There is no contemporaneous clinical documentation in the medical record on or about the date of request for authorization. Utilization review states the documentation indicates Lorazepam is taken for sleep. That documentation is unavailable for review. Consequently, absent contemporaneous clinical documentation on or about the date of request for authorization and objective functional improvement from December 2014 through May 2015, Ativan 1 mg #40 with 2 refills is not medically necessary.