

Case Number:	CM15-0106580		
Date Assigned:	06/10/2015	Date of Injury:	08/16/2002
Decision Date:	07/13/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	06/02/2015

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: Emergency 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 50 year old female, who sustained an industrial injury on 8/16/2002. She reported neck, bilateral knee, and low back pain. The injured worker was diagnosed as having cervical spine discopathy, status post lumbar disc excision and fusion, status post left knee arthroscopy and mild osteoarthritis, periumbilical hernia repair, status post abdominal surgery, bilateral TMJ syndrome, gastroesophageal reflux, irritable bowel syndrome, and constipation. Treatment to date has included medications, back surgery, knee surgery, and imaging. The request is for Ativan. On 12/9/2014, she complained of neck pain, low back pain with radiation into the right leg, and bilateral knee pain greater on the right. She reported having had no improvement in her symptoms and that therapy had not been helping. Physical findings revealed tenderness in the low back, and bilateral knees, along with decreased range of motion. The treatment plan included: Hydrocodone/APAP, and follow up. On 2/4/2015, she was seen for follow up to low back pain and was provided a refill of Hydrocodone/APAP. There are no other medical records available for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Med Rx 2.12.15: Ativan 0.5mg, #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested Retrospective Med Rx 2.12.15: Ativan 0.5mg, #60 with 2 refills, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Benzodiazepines, note that benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence." The injured worker has neck pain, low back pain with radiation into the right leg, and bilateral knee pain greater on the right. She reported having had no improvement in her symptoms and that therapy had not been helping. Physical findings revealed tenderness in the low back, and bilateral knees, along with decreased range of motion. The treating physician has not documented the medical indication for continued use of this benzodiazepine medication, nor objective evidence of derived functional benefit from its previous use. The criteria noted above not having been met, Retrospective Med Rx 2.12.15: Ativan 0.5mg, #60 with 2 refills is not medically necessary.