

Case Number:	CM15-0107652		
Date Assigned:	06/12/2015	Date of Injury:	11/13/1997
Decision Date:	07/14/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/04/2015

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: Preventive Medicine, Occupational 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 68 year old female who reported an industrial injury on 11/13/1997. Her diagnoses, and/or impressions, are noted to include: cervical spine sprain/strain with bilateral upper extremity radiculitis; bilateral elbow epicondylitis and multiple other orthopedic conditions; and persistent depressive disorder with psychological factors affecting medical conditions, and Somatoform disorder. Her history notes an industrial injury on 1/23/1991 resulting in head trauma. Recent magnetic imaging studies of the cervical spine were noted done on 1/23/2015, noting central canal narrowing, a left foraminal disc osteophyte, left neural foramen narrowing, and facet arthropathy with reactive marrow edema. Her treatments have included injection therapy; medication management; and rest from work before returning to modified work duties. The progress notes of 4/16/2015 reported constant, moderate-severe neck and bilateral hand/thumb pain, and intermittent low back pain; fairly constant headaches; problems with sleep due to pain; and that she tries not to think about her condition as it can depress her. Objective findings were noted to include mild tenderness with some decrease range-of-motion in her back; mild tenderness of the sub-acromial bursae of the shoulders, left > right; mild tenderness to the lateral epicondyles of the elbows, left > right; a mildly tender, enlarged hand joint with mild grind sign, and mildly tender left thumb joint with Heberden node; mild patellofemoral crepitation to the bilateral knees; and positive tenderness to the multiple fibromyalgia points. The physician's requests for treatments were noted to include the continuation of Ativan for anxiety and Restoril for insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Section, Weaning of Medications Section Page(s): 24, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence, and long-term use may actually increase anxiety. The injured worker has already been on this medication for an extended period and tapering is recommended when used for greater than two weeks. This request is for continued use, and not for tapering or weaning off the medication. The request for Ativan 1mg #60 is not medically necessary.

Restoril 30mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Section, Weaning of Medications Section Page(s): 24, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence, and long-term use may actually increase anxiety. The injured worker has already been on this medication for an extended period and tapering is recommended when used for greater than two weeks. This request is for continued use, and not for tapering or weaning off the medication. The request for Restoril 30mg #30 is not medically necessary.