

Case Number:	CM15-0019569		
Date Assigned:	02/09/2015	Date of Injury:	02/04/2010
Decision Date:	04/03/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/02/2015

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: 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 60-year-old female who reported an injury on 02/04/2010 due to an unspecified mechanism of injury. On 12/18/2014, she presented for a followup evaluation. She reported that the cold weather made her pain in the neck, left shoulder, and left knee worse. She rated her pain at an 8/10 without medications and a 2/10 to 3/10 with medications. She also stated that she needed her medications so she could perform activities of daily living. A physical examination of the cervical spine showed pain with range of motion and pain that radiated across the left arm, across the C6 distribution. Range of motion was decreased and there was positive tenderness to palpation over the facet joints and positive tenderness over the cervical trapezial ridge. Muscle strength was noted to be a 5/5 in both upper extremities bilaterally. Examination of the knee showed range of motion at 10 degrees to 100 degrees and a positive anterior drawer's maneuver and Lachman's. There was positive tenderness to palpation at the joint line and positive patellofemoral crepitation with a positive Apley's grind. There was pain in the left shoulder with positive impingement sign and forward flexion and abduction to 120 degrees with pain with range of motion. She was diagnosed with history of post-traumatic stress disorder, traumatic chondromalacia of the left knee, status post arthroscopic surgery times 2, status post meniscectomy in the left knee, left shoulder impingement syndrome, subacromial bursitis, cervical strain, left upper extremity radiculopathy, and ACL tear of the left knee. The treatment plan was for Ativan 1 mg #30. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1mg, quantity: 30,: Upheld

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

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

Decision rationale: The California MTUS Guidelines indicate that benzodiazepines for long term use because long term efficacy is unproven and there is a risk of dependence. The documentation provided does not indicate how long the injured worker has been using this information. Without this information, the request would not be supported as it is only recommended for short term treatment. Also, there was a lack of evidence showing that the injured worker has had a quantitative decrease in pain with objective findings on examination showing increased function to support the request. Also, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.