

Case Number:	CM15-0138229		
Date Assigned:	07/28/2015	Date of Injury:	07/13/2006
Decision Date:	08/24/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/16/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 49-year-old male, who sustained an industrial injury on 7/13/2006. He reported cumulative injuries to the left knee, low back, and left shoulder. Diagnoses include status post multiple lumbar surgeries including fusion with implant, anal rectal dysfunction with fecal incontinence and obstipation, sacral nerve spinal cord stimulator implant, urinary voiding and erectile dysfunction, bilateral carpal tunnel syndrome, status post carpal tunnel release, left shoulder myoligamentous injury, status post cerebral vascular accident with right hemiparesis and medication induced gastritis. Treatments to date include medication therapy, physical therapy, epidural injections, trigger point injections and insertion of a spinal cord stimulator. Currently, he complained of ongoing left shoulder pain and pain in the low back. On 5/18/15, the physical examination documented multiple areas of tenderness and decreased range of motion. The provider documented reported difficulty sleeping with a previous trial to decrease use of Ativan. The plan of care included Ativan 1mg tablets, #30 for a thirty-day supply.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1mg #30: Upheld

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

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

Decision rationale: The claimant has a remote history of a cumulative trauma injury with date of injury in July 2006. When seen, he was having left shoulder and low back pain. He had been able to decrease his use of Norco. Physical examination findings included appearing in distress due to back pain. There was cervical, lumbar, and left shoulder tenderness. There was decreased left shoulder range of motion. Tinel's and Phalen's testing was positive on the right side with decreased hand sensation bilaterally. There was decreased upper extremity strength. There was decreased lumbar spine range of motion with multiple trigger points. There was decreased right lower extremity strength and sensation. Medications were refilled including Ativan. The dose remained unchanged since at least March 2015. Ativan (lorazepam) is a benzodiazepine which is not recommended for long-term use. Long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to muscle relaxant effects occurs within weeks. In addition, there are other medications considered appropriate in the treatment of this condition. Gradual weaning is recommended for long-term users. In this case, the claimant's Ativan was continued at the same dose without evidence of weaning. Continued prescribing at the requested dose was not medically necessary.