

Case Number:	CM15-0144391		
Date Assigned:	08/05/2015	Date of Injury:	10/13/2010
Decision Date:	09/30/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/24/2015

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, Arizona, Maryland
Certification(s)/Specialty: Psychiatry

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 54 year old male, who sustained an industrial injury on October 13, 2010. Treatment to date has included home exercise program, opioid pain medications, caudal epidural steroid injection, diagnostic imaging, and anti-depressant medications. Currently, the injured worker complains of constant low back pain with radiation of pain to the left lower extremity. He has associated numbness and tingling of the left lower extremity and rates his low back pain an 8 on a 10-point scale. On physical examination the injured worker has decreased lumbar range of motion and tenderness to palpation of the lumbar spine. He has palpable spasms of the lumbar paraspinal muscles and positive straight leg raise bilaterally. The diagnosis associated with the request for treatment is low back radiculopathy. The treatment plan includes omeprazole, Norco, Ambien and Ativan, and continued home exercise program.

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 Benzodiazepine, Weaning of medications Page(s): 24, 124.

Decision rationale: MTUS states: Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been prescribed Ativan 1 mg on an ongoing basis for over 2 years with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. The request for Ativan 1mg #30 is excessive and not medically necessary.