

Case Number:	CM15-0147246		
Date Assigned:	08/10/2015	Date of Injury:	03/13/2008
Decision Date:	09/11/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/29/2015

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: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 55-year-old male injured worker who sustained an industrial injury on 3/13/08. The mechanism of injury was not documented. Past surgical history was positive for right L5/S1 microdiscectomy on 6/14/11. Records documented that this injured worker had been prescribed Ativan for anxiety since at least 8/26/14. The 3/11/15 urine drug screen was reported consistent with prescribed medications. The 6/16/15 lumbar spine MRI impression documented multilevel degenerative facet arthritis, most pronounced at L4/5 and L5/S1. There were facet hypertrophy and short pedicles contributing to lateral recess and foraminal stenosis at the L4/5 and L5/S1 levels. At L5/S1, there was posterior disc osteophytic ridging and possibly epidural fibrosis abutting, displacing and likely impinging upon the descending S1 nerve root within the right lateral recess. The 6/28/15 treating physician report cited low back pain radiating to both legs with numbness and tingling. He reported cramping and worsening numbness and tingling in both calves, especially with walking. Medications were helpful in reducing pain. Physical exam documented lumbar muscle tenderness, decreased lumbar range of motion, and positive left straight leg raise. Neurologic exam documented normal motor function and diminished bilateral L5/S1 dermatomal sensation. Authorization was requested for lumbar laminectomy, Norco, and Soma. Authorization was also requested for Ativan (lorazepam) 2 mg #90 and urine toxicology testing. The 7/15/15 utilization review certified the request for lumbar laminectomy along with Norco and Soma. The request for Ativan was non-certified as guidelines do not support the long-term use of benzodiazepines and there was no rationale for chronic prescribing and use in conjunction with Norco and Soma. The request for urine toxicology testing was non-certified as the injured worker was noted to be compliant on the most recent testing and repeat screening in 4 months is not supported for low risk patients.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan (lorazepam) 2mg #90: Upheld

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

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

Decision rationale: The California MTUS do not recommend the use of benzodiazepines, like Lorazepam, for long-term use. Most guidelines limit use to 4 weeks. Chronic benzodiazepines are the treatment of choice in very few conditions. Records indicate that this medication has been prescribed since at least 8/26/14 for anxiety. There is no documentation of any specific benefit or indication for continued use. Typically weaning of this medication is indicated. However, records suggest that the treating physician has been dispensing the prescribed medications, including Ativan. The continued use of this medication is not supported by guidelines. Therefore, this request is not medically necessary.

Urine toxicology testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing, Opioids-Criteria for use Page(s): 43, 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

Decision rationale: The California MTUS supports the use of urine drug screening in patients using opioid medication with issues of abuse, addiction, or poor pain control. The Official Disability Guidelines support on-going monitoring if the patient has evidence of high risk of addiction, history of aberrant behavior, history of addiction, or for evaluation of medication compliance and adherence. It is recommended that patients at low risk for adverse outcomes be monitored randomly approximately every 6 months. Guideline criteria have not been met. Records indicate that urine drug testing has been requested on a frequent basis. The most recent urine drug screen in the available records was performed 3/11/15 with no inconsistencies noted. There is no documentation relative to issues of abuse, addiction, or poor pain control. There is no indication for additional testing at this time. Therefore, this request is not medically necessary.