

Case Number:	CM15-0148972		
Date Assigned:	08/12/2015	Date of Injury:	12/18/2007
Decision Date:	09/15/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/31/2015

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: Family Practice

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 70-year-old female, who sustained an industrial injury on 12-18-07. The injured worker has complaints of low back and bilateral knee conditions. Lumbar spine examination revealed slight tenderness and bilateral knee examination revealed slight medial joint line tenderness right greater than left. The diagnoses have included low back syndrome; lumbar, lumbosacral disc degeneration and knee arthralgia. Treatment to date has included Mobic. The request was for ativan 0.5mg, per 05-01-15 order quantity 60. The injured worker is also diagnosed with depression and anxiety. A letter of appeal has been submitted dated 8/17/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 0.5mg, per 05/01/15 order qty 60.00: Overturned

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): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Benzodiazepines.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. According to ODG, benzodiazepines are not recommended as first-line medications. Per ODG, criteria for use are the following: 1) Indications for use should be provided at the time of initial prescription. 2) Authorization after a one-month period should include the specific necessity for ongoing use as well as documentation of efficacy. While the long term utilization of benzodiazepines is generally not supported, in this case, a review of the medical records and the letter of appeal support the current utilization of Ativan as efficacy is noted and there is no evidence of abuse or diversion. The request for Ativan 0.5mg, per 05/01/15 order qty 60.00 is medically necessary and appropriate.