

Case Number:	CM15-0161664		
Date Assigned:	08/27/2015	Date of Injury:	03/27/2007
Decision Date:	09/30/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/17/2015

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: Arizona, 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 (IW) is a 55 year old female who sustained an industrial injury on 03/27/2007. She reported neck and low back pain when a metal door fell on her injuring her right side. The injured worker is currently diagnosed as having cervical radiculopathy, lumbar degenerative disc disease, and lumbar failed back syndrome. Treatment to date has included back surgery (2008), right shoulder surgery (2009) and injections for pain management. Currently, the injured worker complains of headaches, pain in the medial scapula, and pain that limits range of motion. She also has back pain when rising from a seated position. She complains of insomnia and anxiety related to her pain. On exam, she has normal curvature of the cervical spine with cervical spine tenderness. The lumbar spine h has facet pain bilaterally at L3-S1 region. There is pain over the lumbar intervertebral discs on palpation. The gait is antalgic and range of motion is limited by pain. The plan of care includes medication management, continuation of activities as tolerated and avoidance of exacerbating factors. A request for authorization was submitted for Ativan 1mg #15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1mg #15: Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes: sedation, anxiolytic, anticonvulsant and muscle relaxant. In this case, the claimant was provided Ativan for sleep for a month. It is not indicated as a 1st line for insomnia. Long-term use is not recommended and continued use of Ativan is not medically necessary.