

Case Number:	CM15-0164190		
Date Assigned:	09/01/2015	Date of Injury:	09/13/2011
Decision Date:	10/05/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/21/2015

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: New Jersey, New York
 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 57 year old female, who sustained an industrial injury on 9-13-2011. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include bilateral rotator cuff tendinosis, joint effusion, lumbar herniated nucleus pulposus, disc bulge, cervical disc protrusion with nerve root compromise, status post right knee arthroscopy x 2, and joint effusion and baker's cyst. Treatments to date include activity modification, medication therapy, physical therapy, and chiropractic therapy. Currently, she complained of flair up of low back pain associated with numbness and tingling in bilateral lower extremities. There was also bilateral knee pain. On 7-7-15, the physical examination documented tenderness in the low back and bilateral lower extremities with muscle spasms noted. The plan of care included a request to authorize Ativan 1mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1mg, QTY: 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 request for Ativan is not medically necessary. Ativan is a benzodiazepine, which is not recommended for long-term use because of lack of evidence. They are used as sedative/hypnotics, anxiolytics, anticonvulsants, and muscle relaxants. There is a risk of physical and psychological dependence and addiction to this class. Guidelines limit the use to four weeks which the patient has exceeded. Being a controlled substance, monitoring with regular UDSs is important, but results were not included in the chart. Therefore, the request is considered not medically necessary.