

Case Number:	CM15-0190344		
Date Assigned:	10/02/2015	Date of Injury:	03/18/2009
Decision Date:	11/10/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/28/2015

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 47 year old male injured worker suffered an industrial injury on 3-18-2009. The diagnoses included pain in Joint of Shoulder, arthropathy, shoulder bursae and tendon disorder. On 8-25-2015, the treating provider reported right shoulder pain rated 8 out of 10 that radiated to the neck along with muscle spasms and weakness of the right arm. He was using Norco, Lidoderm patch and Cyclobenzaprine for pain relief. The provider discontinued Cyclobenzaprine and ordered Ativan. On exam, the right shoulder had limited range of motion limited by pain. The documentation for the visit 8-25-2015 did not include reason for the medication changes. The Utilization Review on 9-3-2015 determined non-certification for Ativan 0.5mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 0.5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

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, anti-convulsant and muscle relaxant. In this case, the claimant had been on muscle relaxants for over a year. There is no evidence that Ativan is a superior muscle relaxant. Long-term use of medications for this purpose is not recommended. The Ativan is not medically necessary.