

<b>Case Number:</b>	CM15-0193047		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	05/03/2003
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 47-year-old male who sustained an industrial injury on 5-3-03. The medical records indicate that the injured worker is being treated for lumbar facet syndrome; lumbar sprain-strain; lumbar facet arthropathy; left sacroiliac joint arthropathy-dysfunction; lumbar radiculopathy. The physical exam revealed decreased range of motion, slight tenderness of the paracervical muscles. His activities of daily living were not discussed. Treatments to date included trigger point injection in the lower lumbar area (1-15-15); lumbar spine facet injection, left L4-5 (2-9-15) with benefit; bilateral facet rhizotomy at L4 through S1 levels; medications: ibuprofen (per the 7-27-15 note this was just started); Ativan (duration was not present); home exercise program. The request for authorization dated 8-24-15 was for Ativan 1mg #60; ibuprofen 600mg #180. On 9-8-15 Utilization Review non-certified the requests for Ativan 1mg #60; ibuprofen 600mg #180.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ativan 1mg #60:** Upheld

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

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

**Decision rationale:** The injured worker sustained a work related injury on 5-3-03. The medical records provided indicate the diagnosis of lumbar facet syndrome; lumbar sprain-strain; lumbar facet arthropathy; left sacroiliac joint arthropathy-dysfunction; lumbar radiculopathy. Treatments have included trigger point injection in the lower lumbar area (1-15-15); lumbar spine facet injection, left L4-5 (2-9-15) with benefit; bilateral facet rhizotomy at L4 through S1 levels; medications: ibuprofen (per the 7-27-15 note this was just started); Ativan (duration was not present); home exercise program. The medical records provided for review do not indicate a medical necessity for Ativan 1mg #60. Ativan (lorazepam is a benzodiazepine sedative hypnotic. The MTUS does not recommend the use of benzodiazepines for longer than 4 weeks due to lack of efficacy and risk of dependence. The request is not medically necessary.

**Ibuprofen 600mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, and Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications, NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function.

**Decision rationale:** The injured worker sustained a work related injury on 5-3-03. The medical records provided indicate the diagnosis of lumbar facet syndrome; lumbar sprain-strain; lumbar facet arthropathy; left sacroiliac joint arthropathy-dysfunction; lumbar radiculopathy. Treatments have included trigger point injection in the lower lumbar area (1-15-15); lumbar spine facet injection, left L4-5 (2-9-15) with benefit; bilateral facet rhizotomy at L4 through S1 levels; medications: ibuprofen (per the 7-27-15 note this was just started); Ativan (duration was not present); home exercise program. The medical records provided for review do not indicate a medical necessity for Ibuprofen 600mg #180. The medical records indicate this was first prescribed on 07/27/15 for a 90-day supply. The MTUS Recommends the use of NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain; additionally, the MTUS recommends periodic monitoring of blood pressure, blood count, liver function and kidney functions in individuals on NSAIDs for a prolonged period of time. Furthermore, the MTUS states that NSAIDs are recommended only for acute use due to the risk of delayed healing of soft tissues and bone, kidney failure and hypertension. Therefore, while it is appropriate for the injured worker to take this medication, it is not medically necessary for the injured worker to be prescribed 90 day supply without monitoring.