

Case Number:	CM15-0196017		
Date Assigned:	10/12/2015	Date of Injury:	05/08/2006
Decision Date:	12/03/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/05/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51-year-old female, who sustained an industrial-work injury on 5-8-06. She reported initial complaints of back pain. The injured worker was diagnosed as having lumbar sprain and strain with bilateral lower extremity degenerative disc disease. Per note of 1-21-15, 5-13-15, and 8-26-15, there was no record of depression, anxiety, suicidal attempts, or difficulty sleeping. Treatment to date has included medication, ESI (epidural steroid injection) at L4-5 and L5-S1 on 7-20-15 (50% improvement), and diagnostics. Currently, the injured worker complains of moderate frequent dull burning numbness, weakness, and aching pain in the lower extremities. Per the primary physician's progress report (PR-2) on 5-13-15, exam noted antalgic gait, abnormal lordosis, tenderness over the lumbar paravertebral musculature. The Request for Authorization requested service to include Retrospective Ativan 2mg #30 DOS: 7/14/2015. The Utilization Review on 9-17-15 denied the request for Retrospective Ativan 2mg #30 DOS: 7/14/2015, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Ativan 2mg #30 DOS: 7/14/2015: 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 records indicate the patient has chronic complaints of low back pain and pain, numbness and tingling in the lower extremities. The current request is for retroactive Ativan 2mg #30 DOS: 7/14/15. Medical records provide little insight into the purpose of the request. CA MTUS indicates that Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. In this case, the request for Ativan is not medically necessary as the treating physician provides no indication for its use and guidelines do not recommend Ativan for chronic use.