

Case Number:	CM15-0202715		
Date Assigned:	11/10/2015	Date of Injury:	08/10/1980
Decision Date:	12/21/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/14/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 64 year old male, who sustained an industrial injury on 08-10-1980. A review of the medical records indicates that the worker is undergoing treatment for post-laminectomy syndrome, status post lumbar spinal fusion, lumbar radiculopathy, spinal stenosis and chronic back pain. Treatment has included Ativan (since at least 04-13-2015), Celebrex, Vicodin, Zanaflex, physical therapy, transcutaneous electrical nerve stimulator (TENS) unit and surgery. The documentation submitted is minimal. On 06-16-2015 the worker reported continued low back and leg pain with aching and spasm in the legs and numbness of the toes. The worker also noted that they were sleeping less than 6 hours due to pain but that pain was managed by medications and TENS unit. Objective findings showed tenderness over the lumbar paraspinal muscles and stable persistent paresthesias of the lower extremities. Subjective complaints (07-01-2015) included continued bilateral leg and low back pain. Objective findings (07-01-2015) included no acute distress, normal gait and no weakness. The physician noted that preoperative MRI showed spondylolisthesis at L4-L5 and foraminal stenosis. The physician noted that a discussion was had regarding the possibility of fusing this level and the possibility of a dorsal column stimulator. There is no documentation as to the reason for prescription of Ativan or any indication of the level of effectiveness of the medication. A utilization review dated 09-29-2015 non-certified a request for prescription of Ativan ([REDACTED]).

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription for Ativan ([REDACTED]): 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: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, page 24, regarding benzodiazepines, "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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." In this case the exam note from 7/1/15 does not demonstrate a quantitative assessment of improvement in functional activity while on the medication. In addition there is no mention of prior response to this medication, increase in activity of a urine toxicology report demonstrating compliance. Therefore the request for Ativan is not medically necessary and is not certified.