

Case Number:	CM15-0207433		
Date Assigned:	10/26/2015	Date of Injury:	08/10/2007
Decision Date:	12/14/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/22/2015

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, Arizona, Maryland
Certification(s)/Specialty: Psychiatry

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 71 year old female with an industrial injury dated 08-10-2007. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spine degenerative disc disease and right upper extremity radiculitis, thoracic spine sprain and strain, lumbar spine degenerative disc disease, left shoulder subacromial impingement, bilateral knee tri-compartmental degenerative joint disease, left hip greater trochanteric bursitis and symptoms of anxiety and depression. According to the progress note dated 09-09-2015, the injured worker reported neck and back pain. The injured worker also reported some weakness in her arms and shoulders, and difficulty sleeping at night due to pain in the neck and back. Objective findings (05-27-2015, 09-09-2015) revealed tenderness and spasms in the lumbar spine, loss of lordosis, and decreased sensation in the bilateral calves and feet. Treatment has included diagnostic studies, prescribed medications (including Ativan since at least 2-11-2015), aqua therapy, stationary cycling, and periodic follow up visits. The treating physician prescribed Ativan to be used to help in falling asleep. The utilization review dated 09-29-2015, modified the request for Ativan 1mg #25 (original: #30).

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Benzodiazepines (2015).

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

Decision rationale: MTUS states 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been prescribed Ativan 1 mg on an ongoing basis with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. It is to be noted that the UR physician authorized #25 tablets for the purpose of a safe taper. Thus, the request for Ativan 1 mg #30 is excessive and not medically necessary.