

Case Number:	CM15-0022633		
Date Assigned:	03/24/2015	Date of Injury:	11/12/1998
Decision Date:	04/16/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/06/2015

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: Massachusetts

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

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 70 year old male, who sustained an industrial injury on 11/12/1998. The diagnoses have included lumbago, lumbosacral spondylosis without myelopathy and degeneration of lumbar or lumbosacral intervertebral disc. Treatment to date has included medication. According to the progress report dated 1/13/2015, the injured worker complained of constant low back pain that was moderate in severity. He rated his current pain as 3-4/10 with medications. He reported his pain as 8-9/10 without medications. He ambulated with an antalgic gait. There was moderate tenderness to palpation across the lower back. The injured worker was given a testosterone injection. The treatment plan was to continue Methadone, Lyrica, Norco, Baclofen, Miralax and Ativan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 0.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The claimant has a remote history of a work injury occurring in November 1998. He continues to be treated for chronic low back pain with medications including methadone, Lyrica, Norco, baclofen, MiraLAX, and Ativan. Benzodiazepine medications are not recommended for long-term use. Long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Gradual weaning is recommended for long-term users. Therefore, the ongoing prescribing of Ativan (lorazepam) is not medically necessary.