

Case Number:	CM15-0036763		
Date Assigned:	03/05/2015	Date of Injury:	08/04/2014
Decision Date:	04/15/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/26/2015

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, New York, California
 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 applicant is a represented 36-year-old who has filed a claim for chronic low back pain, knee pain, and neck pain with derivative complaints of anxiety and insomnia reportedly associated with an industrial injury of August 4, 2014. In a Utilization Review Report dated February 12, 2015, the claims administrator failed to approve a request for Ativan, invoking non-MTUS ODG Guidelines. The claims administrator suggested that the request for Ativan represented a renewal request for the same. The applicant's attorney subsequently appealed. On January 12, 2015, the applicant reported ongoing complaints of neck pain, low back pain, knee pain, and upper back pain with derivative complaints of anxiety and psychological stress reportedly imputed to posttraumatic stress disorder (PTSD). Fenoprofen was among the medications endorsed. The applicant was using a cane to move about. A rather proscriptive 15-pound lifting limitation was endorsed. The applicant did not appear to be working with said limitations in place. The applicant's complete medication list was not detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24- 67-67, 71.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 402.

Decision rationale: No, the request for Ativan, an anxiolytic medication, was not medically necessary, medically appropriate, or indicated here. All information on file points to this representing a renewal request for Ativan, seemingly employed for issues with chronic pain-induced anxiety, posttraumatic stress disorder and/or insomnia. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Ativan may be appropriate for "brief periods," in case of overwhelming symptoms, in this case, however, it appears that the applicant and/or attending provider are intent on employing Ativan for chronic, long-term, and/or daily use purposes, for anxiolytic and/or sedative effect. This is not an ACOEM-endorsed role for the same. Therefore, the request was not medically necessary.