

Case Number:	CM14-0140283		
Date Assigned:	09/10/2014	Date of Injury:	02/08/2010
Decision Date:	10/10/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/29/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 56-year-old female patient who sustained an industrial injury on 02/08/2010. Diagnoses include lumbar spine sprain/strain and left ankle sprain/osteoarthritis. The mechanism of injury was not provided. Previous treatment has included oral medications, acupuncture, and physical therapy. A request for Ativan #30 was non-certified at utilization review on 08/05/14, with the reviewing physician noting that benzodiazepines are not recommended for long-term use secondary to unproven efficacy and risk of dependency. Most guidelines limit use to 4 weeks. Long-term use me increased anxiety. It was noted the request was to continue Ativan, indicating the patient had previously taken Ativan. Several handwritten mostly illegible progress notes are included for review. On 07/18/14 the patient reported subjective complaints of lumbar spine and left ankle pain rated at 8/10. It was reported the patient was having a flareup of symptoms. Objective findings demonstrated tenderness in the spinal's with spasm in the lumbar spine and limited range of motion, positive straight leg raise with an increase in left lower extremity radicular symptoms. Left ankle was reported to be tender at the medial and lateral joint complex, Achilles and anterior joint line. There is decreased range of motion with pain in supination and pronation. The patient ambulated with the assistance of a walker. Pain was rated at 6/10 with medications and 10/10 without medications. No functional benefit was documented. Plan was to request acupuncture treatment. Ativan was prescribed as it was noted the patient has failed behavioral techniques for improved sleep and has sleep difficulty. It was requested to change medication to Ultram ER as the patient has failed non-steroidal anti-inflammatory drugs (NSAIDs) and APAP. The provider also requested Ultracin topical lotion as it was noted the patient cannot tolerate NSAIDs and had failed tricyclic antidepressants and anticonvulsant medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan #30: 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 CA MTUS guidelines state "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. Chronic benzodiazepines are the treatment of choice in very few conditions." Benzodiazepines are not supported for long term use due to unproven efficacy and risk of dependence. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The provider reported this medication was prescribed for sleep, yet there was no documentation of efficacy or improved sleep with use. There was no documentation of failed first line sleep medications such as over-the-counter sleep aids. Readily available non habit forming alternatives exist. The current request does not specify frequency of dosing. Therefore, the requested Ativan #30 is not medically necessary.