

Case Number:	CM14-0161102		
Date Assigned:	10/06/2014	Date of Injury:	04/23/2013
Decision Date:	12/24/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/01/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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:

The patient is a 46-year-old man who sustained a work-related injury on April 23, 2013. Subsequently, he developed low back pain. According to a progress report dated August 18, 2014, the patient complained of continued lumbar pain with stiffness and pain on movement. He continued to note right lower extremity radicular pain with numbness. The patient described depression, anxiety, stomach upset, difficulty with sleeping, and difficulty with sexual activities. Examination of the lumbar spine revealed tenderness to palpation about the midline and right L5-S1 region. Babinski sign was positive. Lasegue sign and the Fabere maneuver were negative bilaterally. The Trendelenburg test was negative bilaterally. The patient can toe walk but with difficulty. Heel walking was done within normal limits. Straight leg raising in the supine position was negative to 50 degrees, bilaterally. Straight leg raising in the sitting position was negative to 60 degrees, bilaterally. There was decreased sensation to Wartenberg wheel about the posterior calf and entire right foot. There was decreased motor strength on plantar flexion of the right ankle and extension of the right knee, grade 4/5. The patient was diagnosed with lumbar spine mild broad-based disc bulges at L3-4, L4-5, and L5-S1 with bilateral facet arthropathy and ligamentous hypertrophy; mild central canal stenosis and mild bilateral foraminal stenosis at L3-4 and L4-5 with mild central canal stenosis at L5-S1 with mild to moderate bilateral foraminal stenosis, per the MRI of June 10, 2013. Chronic right L5 radiculopathy, per EMG of February 17, 2014. The provider requested authorization to use Ativan.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Ativan 1mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: According to MTUS guidelines, benzodiazepines are not recommended for long term use for pain management because of unproven long term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. There is no recent documentation of insomnia related to pain in this case. There is no documentation of rational and efficacy of previous use of Ativan. Therefore the use of 60 Ativan 1mg is not medically necessary.