

Case Number:	CM15-0001414		
Date Assigned:	01/12/2015	Date of Injury:	09/11/2000
Decision Date:	03/13/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/05/2015

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: Illinois
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 56-year-old male who reported an injury on 09/11/2000. The mechanism of injury was not stated. The current diagnoses include lumbosacral spondylosis without myelopathy, degeneration of lumbar or lumbosacral intervertebral disc, and unspecified myalgia and myositis. The latest physician progress report submitted for this review is documented on 12/12/2014. The injured worker presented with complaints of persistent lower back pain. Previous conservative treatment includes medication management and periodic injections. The current medication regimen includes atenolol Wellbutrin, Nuvigil, Tylenol, Zantac, Ambien, Avalide, Norco, Xanax, and compounded creams. Upon examination, there was paraspinal tenderness and spasm over the facets in the lumbar region, limited range of motion, palpable trigger points in the muscles of the low back, and normal motor strength. Recommendations at that time included continuation of the current medication regimen of hydrocodone 10/325 mg and Xanax 2 mg. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan - Unspecified dosage and quantity: Upheld

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

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

Decision rationale: The California MTUS Guidelines do not recommend long term use of benzodiazepines, because long term use is unproven and there is a risk of dependence. It is noted on the latest physician progress report, the injured worker is currently utilizing Xanax 2 mg. The medical necessity for 2 separate benzodiazepines has not been established. There was no specific strength, frequency, or quantity listed in the above request. Therefore, the request is not medically appropriate.