

Case Number:	CM15-0003274		
Date Assigned:	01/14/2015	Date of Injury:	03/25/2002
Decision Date:	03/10/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/07/2015

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, California

Certification(s)/Specialty: Family Practice

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 42 year old male, who sustained an industrial injury on 12/11/14. He has reported low back pain. The diagnoses have included status post artificial disc replacement L4-L5 and L5-S1, right greater than left lower extremity radicular pain, sacrococcygeal pain decreased following epidural steroid injection and opioid dependence. Treatment to date has included medications, epidural steroid injection and artificial disc replacement L4-L5 and L5-S1. Currently, the IW complains of back pain and headaches. A progress report dated 11/25/14 the Injured Worker is having difficulty sleeping, he is having increased tension throughout the body causing headaches following abruptly discontinuing all medications for denial of recertification. Physical exam revealed significant increased muscle bands and spasms noted throughout the paralumbar musculature extending into the thoracic musculature, with limited range of motion. The patient's surgical history include lumbar laminectomy. The medication list include Naprosyn, Oxycodone, Neurontin and Zanaflex. Per the note dated 8/18/14 he had low back pain with radiation of pain in right lower extremity and physical examination revealed tenderness on palpation and limited range of motion and positive SLR. He had received ESI for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 0.5mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 124.

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

Decision rationale: Request: Ativan 0.5mg #90 with 3 refills lorazepam is a benzodiazepine. According to MTUS guidelines Benzodiazepines are “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. Their range of actions includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety.” A trial of other measures for treatment of insomnia is not specified in the records provided. As mentioned above, prolonged use of anxiolytic may lead to dependence and does not alter stressors or the individual’s coping mechanisms. The cited guideline recommends that if anti-anxiety medication is needed for a longer time, appropriate referral needs to be considered. The medical necessity of the request for Ativan 0.5mg #90 with 3 refills is not fully established in this patient.