MAXIMUS Federal Services

Case Number:	CM15-0008229		
Date Assigned:	01/26/2015	Date of Injury:	11/28/1989
Decision Date:	03/20/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/14/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 62 year old male who sustained a work related injury November 28, 1989. According to a primary treating physician's report, dated November 5, 2014, the injured worker presented to the office for orthopedic re-evaluation and treatment related to his work injury to his neck and low back. He complains of ongoing low back pain, 7-8/10, with some numbness and tingling to the left leg and neck pain, 6/10, with mild radiation to bilateral upper trapezius muscles. Physical examination revealed the gait is antalgic with toe and heel walk compromised bilaterally; tenderness in the paralumbar musculature; straight leg raise is positive at 55 degrees on the left and 60 degrees on the right; weakness on leg extension and unable to perform partial deep knee bend due to weakness of the legs and pain in the low back; decreased sensation at the L5 and S1 dermatomes on the left. Diagnoses are documented as trigger point; mechanical instability; lumbar and cervical sprain/strain; left shoulder impingement; and spinal lumbago. Treatment included discussion of weaning of current medication with requests for authorization of medications, TENS unit and return to office in 6 weeks. Work status is documented as permanent and stationary.According to utilization review dated December 15, 2014, the request for Norco 10/325mg #45 has been modified to Norco 10/325mg #30 (weaning). The request for Ativan 1mg #30 has been modified to Ativan 1mg #15 (weaning).

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1 mg # 30: Upheld

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

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

Decision rationale: According to the 11/05/2014 report, this patient presents with "neck and low back pain." The current request is for Ativan1 mg #30. The request for authorization is on 11/05/2014. MTUS guidelines page 24, do 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. Only short-term use of this medication is recommended for this medication.Review of the provided reports show the patient has been prescribed Ativan since 08/13/2014 and it is unknown exactly when the patient initially started taking this medication. It would appear that this medication is prescribed on a long-term basis, longer than a month. The treating physician does not mention that this is for a short-term use. MTUS does not support long-term use of this medication. Therefore, the request IS NOT medically necessary.