

Case Number:	CM15-0102571		
Date Assigned:	06/04/2015	Date of Injury:	12/27/1999
Decision Date:	07/13/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	05/28/2015

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, Arizona, Maryland
 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 52 year old female, who sustained an industrial injury on December 27, 1999. The injury occurred when the injured worker lifted a paint bucket from a top shelf. The injured worker has been treated for neck, left shoulder and back complaints. The diagnoses have included chronic neck pain, cervical spondylosis without myelopathy, cervical degenerative disc disease, low back pain and lumbar spinal stenosis. Treatment to date has included medications, radiological studies, MRI, Botox injections, physical therapy, left shoulder surgery and a cervical fusion. Current documentation dated May 11, 2015 notes that the injured worker reported neck and upper back pain and difficulty with swallowing. The neck pain was noted to radiate to the upper extremities. She also noted intermittent numbness in the arms and legs. The pain was rated a four out of ten on the visual analogue scale with medications. Examination revealed tenderness over the acromioclavicular joint. There was also tightness and tenderness over the bilateral upper trapezius muscles and the cervical paraspinal muscles, particularly on the left side. A straight leg raise was positive bilaterally. Strength of all extremities was a 5/5. Sensation was noted to be decreased to light touch over the fingertip of the left index and middle fingers and on the left sacral one dermatomal distribution. The treating physician's plan of care included a request for the medication Ativan 1 mg # 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topic: Benzodiazepine, Weaning of medications Page(s): 24, 124.

Decision rationale: MTUS states, 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 action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been prescribed Ativan on an ongoing basis with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. Thus, the request for Ativan 1mg #30 is excessive and not medically necessary.