

Case Number:	CM15-0010115		
Date Assigned:	01/27/2015	Date of Injury:	12/23/2010
Decision Date:	03/17/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/16/2015

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: Ohio, North Carolina, Virginia
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 (IW) is a 59 year old male, who sustained an industrial injury on December 23, 2010. He has reported pain in the neck, low back and mid back and was diagnosed with spinal stenosis, foraminal stenosis and lumbar radiculopathy. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention, pain medications and other treatment modalities. Currently, the Injured Worker complains of neck, low back and mid back pain. The injured worker reported an industrial injury in 2010, resulting in pain in the neck, mid and low back after one crane struck another crane. He underwent a surgical intervention on March 15, 2014. He continues to have neck and back pain and required pain medications. He was evaluated for acupuncture therapy and aquatic therapy. On November, 2014, evaluation revealed continued, severe back pain. On January 16, 2015, Utilization Review non-certified requests for Ativan 2mg #30 and Ultram ER 150mg #30, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On January 16, 2015, the injured worker submitted an application for IMR for review of requested Ativan 2mg #30 and Ultram ER 150mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 2 mg #30 no refill: Upheld

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

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

Decision rationale: Benzodiazepines like Ativan 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. In this instance, it appears that the Ativan was first prescribed in December 2014 with the request for authorization coming 1-16-2015. The Ativan was specifically prescribed as a sleep aid. FDA-approved benzodiazepines for sleep maintenance insomnia include estazolam (ProSom), flurazepam (Dalmane), Quazepam (Doral), and Temazepam (Restoril). Triazolam (Halcion) is FDA-approved for sleep-onset insomnia. These medications are only recommended for short-term use due to risk of tolerance, dependence, and adverse events (daytime drowsiness, anterograde amnesia, next-day sedation, impaired cognition, impaired psychomotor function, and rebound insomnia). These drugs have been associated with sleep-related activities such as sleep driving, cooking and eating food, and making phone calls (all while asleep). Particular concern is noted for patients at risk for abuse or addiction. In this instance, it appears the Ativan was prescribed for insomnia. Ativan is not FDA approved for the treatment of insomnia. If the actual intent of the Ativan was treatment of anxiety, psychiatric issues have been singled out as non-industrial conditions in this case. Therefore, Ativan 2 mg #30 no refill was not medically necessary.

Ultram ER 150 mg #30 no refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Patients treated with opioids chronically should have ongoing assessment of pain relief, functionality, aberrant drug taking behavior, and medication side effects. opioids may generally be continued if there is improved pain and functionality and/or the injured worker has regained employment. In this instance, the injured worker's pain levels are said to be unchanged. pain scores are rated at 7-8/10 without mention of response to medication. The submitted record does not otherwise describe functional status. two of three submitted urine drug screens were inconsistent with prescribed medications dating back to July 2013. There is no discussion of the inconsistent urine drug screens in the submitted medical record. Consequently, the requirements for continuing opioid therapy with Ultram ER is not warranted. Therefore, Ultram ER 150 mg #30 no refill was not medically necessary in view of the submitted medical record and with reference to the cited guidelines.

