

Case Number:	CM15-0118786		
Date Assigned:	06/29/2015	Date of Injury:	03/29/1997
Decision Date:	07/28/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/19/2015

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: Preventive Medicine, Occupational Medicine

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 66 year old female, who sustained an industrial injury on 3/29/97. She reported pain in the neck, low back, and bilateral upper and lower extremities. The injured worker was diagnosed as having probable cervical, thoracic, and lumbar spine degenerative disc disease with chronic spine pain, bilateral upper and lower limb pain, bilateral wrist tendinitis, bilateral shoulder pain, and chronic pain syndrome with anxiety and depression. Treatment to date has included implantation of a spinal cord stimulator, multiple surgeries of bilateral feet, toe amputations due to infection and medication. The injured worker had been taking Ativan since at least 1/27/15. Currently, the injured worker complains of anxiety and depressed mood. The treating physician requested authorization for Ativan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan (no dose frequency or amount requested): 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 Section Page(s): 24.

Decision rationale: The MTUS Guidelines do not support the use of benzodiazepines for long term use, generally no longer than 4 weeks, and state that a more appropriate treatment would be an antidepressant. In this case, the injured worker has taken ativan since January 2015. This medication It is not recommended for long term use. Additionally, there is no dosage or quantity information included with this request. The request for Ativan (no dose frequency or amount requested) is determined to not be medically necessary.