MAXIMUS Federal Services

Case Number:	CM15-0123863		
Date Assigned:	07/08/2015	Date of Injury:	08/07/2000
Decision Date:	08/05/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/26/2015

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: Connecticut, California, Virginia
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 49-year-old male, who sustained an industrial injury on August 20, 2000. The injured worker was diagnosed as having cervical spondylosis, reactionary depression/anxiety, bilateral lower extremity radiculopathy, lumbar degenerative disc disease (DDD), stenosis and foraminotomy. Treatment to date has included surgery and medication. A progress note dated May 21, 2015 provides the injured worker complains of back pain radiating to the legs. He reports post-op pain from lumbar foraminotomy done March 30, 2015, improved radicular pain, and current back pain rated 7/10. He has difficulty sleeping, myospasms, depression, and anxiety due to his functional limitations. Pain medication provides 30-40% relief of pain for three to four hours. Physical exam notes obvious distress and a slow antalgic gait. There is tenderness in the lumbar paraspinal area with decreased range of motion (ROM) positive straight leg raise, and decreased sensation of in the L5-S1 spine. Lab work, electromyogram, nerve conduction study mad magnetic resonance imaging (MRI) was reviewed. The plan includes lumbar sacral brace, psychological evaluation, Anaprox, Doral, Prozac, Norco, Ativan and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Doral 15mg T PO QHS #30: Upheld

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

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

Decision rationale: The MTUS does not recommend long-term use of benzodiazepines because long-term efficacy is unproven and there is a risk of dependency and rapid onset of medication tolerance, making the recommendation for Doral is unreasonable according to utilization review, and the request was appropriately non-certified, as prior requests have already resulted in weaning recommendations. Encouragement of gradual decrease in use is critical in order to wean from dependency on this drug, therefore the request is not considered medically necessary at this time, and non-certification per utilization review is reasonable.

Ativan 1mg 1-2 QD PRN #40: Upheld

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

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

Decision rationale: The MTUS does not recommend long-term use of benzodiazepines because long-term efficacy is unproven and there is a risk of dependency and rapid onset of medication tolerance, making the recommendation for Ativan is unreasonable according to utilization review, and the request was appropriately modified for weaning purposes. Encouragement of gradual decrease in use is critical in order to wean from dependency on this drug. Therefore, the request for Ativan is not considered medically necessary at this time, and modification per utilization review decision is considered reasonable in order to facilitate weaning.