

Case Number:	CM15-0126894		
Date Assigned:	07/13/2015	Date of Injury:	08/19/2007
Decision Date:	08/11/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/30/2015

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: Emergency 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 51 year old male, who sustained an industrial injury on 8/19/07. The injured worker has complaints of low back pain radiating to his lower extremities. Thoracolumbar spine examination revealed discrete tender trigger points over his low back, buttocks with muscle twitch points and sensation is decreased at L4-L5 bilaterally. The diagnoses have included status post anterior and posterior lumbar fusions; myofascial pain syndrome; multiple cardiac risk factors; severe sleep apnea and status post left and right carpal tunnel release. Treatment to date has included status post anterior and posterior lumbar fusions; status post left and right carpal tunnel release; trigger points injections; Ambien for sleep; Lidoderm for neuropathic pain; Neurontin for neuropathic pain and ativan for chronic pain and sleep and Norco for pain. The request was for Ativan tablet 0.5mg as needed #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan tab 0.5mg PRN #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: Ativan or Lorazepam is a benzodiazepine. As per MTUS Chronic pain guidelines is not recommended for long-term use. There is strong risk of dependence and tolerance develops rapidly. Review of records show that patient is chronically on this medication. The number of tablets is not appropriate for intermittent use or plan for weaning. Lorazepam is not medically necessary.