

Case Number:	CM15-0129820		
Date Assigned:	07/22/2015	Date of Injury:	04/13/2010
Decision Date:	08/18/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/06/2015

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: North Carolina

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:

This 50 year old woman sustained an industrial injury on 4/30/2010. The mechanism of injury is not detailed. Evaluations include lumbar discogram dated 9/11/2014, electromyograms of the bilateral upper extremities dated 4/16/2015 and 7/22/2013, electromyograms of the bilateral lower extremities dated 9/23/2014 and 7/18/2012, lumbosacral x-rays dated 5/8/2014, lumbar spine MRIs dated 5/23/2014, 4/27/2011, and 1/29/2012, left shoulder x-rays dated 11/25/2013, and cervical spine MRI dated 1/29/2012. Diagnoses include cervical myoligamentous injury with bilateral upper extremity radicular symptoms, lumbar spine myoligamentous injury with bilateral lower extremity radicular symptoms, post-traumatic avascular type headaches, medications induced gastritis, right shoulder myoligamentous injury, and reactionary depression and anxiety. Treatment has included oral medications, surgical interventions, and cervical epidural steroid injection. Physician notes dated 6/11/2015 show complaints of persistent low back pain with radiation to the bilateral lower extremities and neck pain with cervicogenic symptoms. The worker rates his pain 7/10 with medications and 9/10 without medications. Recommendations include administration of four trigger point injections during this visit, further surgical intervention, Anaprox, Prilosec, Doral, Norco, Zolof, Ativan, Flexeril, Topamax, Wellbutrin, urine drug screen, medicinal marijuana, Oxycontin, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 0.5 mg Qty 60: Upheld

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

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

Decision rationale: The California chronic pain medical treatment guidelines section on benzodiazepines states: Benzodiazepines: 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. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005). The chronic long-term use of this class of medication is recommended in very few conditions per the California MTUS. There is no evidence however of failure of first line agent for the treatment of anxiety in the provided documentation. For this reason, the request is not medically necessary.