

Case Number:	CM15-0098781		
Date Assigned:	06/01/2015	Date of Injury:	06/03/2004
Decision Date:	07/07/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	05/21/2015

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, 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 49 year old woman sustained an industrial injury on 6/3/2004. The mechanism of injury is not detailed. Diagnoses include traumatic head injury/contusion, post-traumatic headaches and occipital neuralgia, cervical disc protrusion/tear, myofascial pain, cervical radiculopathy, chronic cervicgia, and regional myofascial pain syndrome. Treatment has included oral and topical medications, home exercise program, pool exercise, and physical therapy. Physician notes on a PR-2 dated 3/18/2015 show complaints of neck pain and headaches rated 7-8/10. Recommendations include acupuncture, transportation to medical appointments, and Ativan.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1 mg #30 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: CA MTUS states that benzodiazepines are not recommended for long-term use, because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit the use to 4 weeks. In this case, the patient has been taken Ativan nightly for 2-3 years as a treatment for insomnia. Satisfactory response to treatment has not been demonstrated. The patient claims she sleeps for 4-5 hours/night and there is no documentation of functional gain or improvement on an Epworth sleep scale. Therefore this request is not medically necessary or appropriate.