

Case Number:	CM14-0150885		
Date Assigned:	09/19/2014	Date of Injury:	03/18/2013
Decision Date:	11/06/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/16/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 24-year-old male who has submitted a claim for lumbar sprain and strain, degeneration of the intervertebral disks of the lumbar spine, brachial neuritis, lumbosacral neuritis, hip contusion, headache, anxiety, and depression associated with an industrial injury date of 3/18/2013. Medical records from 2013 to 2014 were reviewed. Patient complained of symptoms of anxiety and depression. He also reported irritability, personality change and increased forgetfulness. He likewise had experienced episodes of blackouts, lasting for only a few seconds. Patient was given Ativan for anxiety. Patient also complained of chronic back pain. Patient reported that the headaches originate at the right occipital region radiating to the forehead, occurring 3 times weekly. It was accompanied by double vision, nausea, and sometimes vomiting. Physical examination showed weakness of the right L5 myotome. Reflexes were intact. Sensation was diminished at the right dorsum of foot. Range of motion of both the cervical spine and the lumbar spine were restricted. Straight leg raise test was negative. Cranial nerve testing was unremarkable. Treatment to date has included therapy, and medications such as Ativan (since at least March 2014), Percocet, Paxil, Imitrex, and naproxen. Utilization review from 9/11/2014 denied the request for Ativan 1 mg #60 because long-term use was not recommended. There was also no trial of first-line therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1 mg #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: As stated on page 24 of CA MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are 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. In this case, patient has been on Ativan since at least March 2014 for anxiety. However, there is no documentation concerning pain relief and functional improvement derived from its use. Long-term use is likewise not recommended. Therefore, the request for Ativan 1 mg #60 is not medically necessary.