

<b>Case Number:</b>	CM13-0021219		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	03/15/2002
<b>Decision Date:</b>	01/31/2014	<b>UR Denial Date:</b>	08/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/06/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal 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 physician 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:

This patient is a 63-year-old male, date of injury 3-15-2002. Mechanism of injury was lifting heavy objects on a repetitive basis-documented in a letter by [REDACTED] 07-05-13. Office visit note by [REDACTED] dated 8-19-13 documents subjective complaints including low back pain, right leg pain. Objective findings included appropriate mood and affect, lumbar tenderness, positive straight leg raise test, right lower extremity weakness. Diagnoses were post-laminectomy syndrome lumbar region, spinal stenosis, radiculitis, lumbar disc disorder. Treatment plan included Percocet, Estazolam 2mg qhs prn #30, psychiatry and neurosurgery referrals. Utilization review letter dated 08-28-13 by [REDACTED] documented that the physician reviewer had modified the request for Estazolam to a reduced quantity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Estazolam 2mg, Qty: 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

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

**Decision rationale:** MTUS states that benzodiazepines are not recommended. ODG states that benzodiazepines, including Estazolam, are not recommended. Therefore, the request for Estazolam is not medically necessary.