

<b>Case Number:</b>	CM13-0054037		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/02/2012
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	11/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### 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 Occupational 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:

According to the records made available for review, this is a 59-year-old male with a 5/2/12 date of injury. At the time (11/1/13) of the Decision for Quazepam 15MG #30, there is documentation of subjective (continued neck pain, bilateral upper extremity pain, low back pain, and left knee pain) and objective (cervical paravertebral muscle spasm with positive axial loading compression test, decreased strength of the right upper extremity, and diminished sensation over the bilateral upper extremities; positive Phalen's and Tinel's signs bilaterally; lumbar paravertebral muscle tenderness, pain with terminal motion, and positive seated nerve root test; left knee joint line tenderness, positive McMurray's sign, positive patellar compression test with crepitus, and pain with terminal flexion) findings, current diagnoses (cervical discopathy, lumbar discopathy, carpal tunnel syndrome, and left knee medial meniscus tear with degenerative joint disease), and treatment to date (Vicodin, NSAIDs, and physical therapy). There is no documentation of an intention for short-term (less than 4 weeks) treatment and an indication for benzodiazepine use (sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**QUAZEPAM 15MG #30:** 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:** MTUS Chronic Pain Medical Treatment Guidelines identifies that benzodiazepines are not recommended for long-term use and that most guidelines limit use to 4 weeks. In addition, MTUS Chronic Pain Medical Treatment Guidelines identifies that benzodiazepine range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Within the medical information available for review, there is documentation of diagnoses of cervical discopathy, lumbar discopathy, carpal tunnel syndrome, and left knee medial meniscus tear with degenerative joint disease. However, given documentation of a request for Quazepam 15MG #30, there is no (clear) documentation of an intention for short-term (less than 4 weeks) treatment. In addition, there is no documentation of an indication for benzodiazepine use (sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant). Therefore, based on guidelines and a review of the evidence, the request for Quazepam 15MG #30 is not medically necessary.