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| Case Number: | CM14-0001898 | | |
| Date Assigned: | 01/24/2014 | Date of Injury: | 09/28/2010 |
| Decision Date: | 06/11/2014 | UR Denial Date: | 12/04/2013 |
| Priority: | Standard | Application Received: | 01/07/2014 |

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 9/28/10. A utilization review determination dated 12/4/13 recommends non-certification of Strazepam. It references an 8/21/12 medical report from the requesting provider identifying neck, upper back, and lower back pain, increased with acupuncture. A 12/5/13 medical report identifies headaches, blurred vision, and decreased memory and concentration. On exam, the patient appears depressed with a minim mental status score of 27/30.

IMR ISSUES, DECISIONS AND RATIONALES

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

STRAZEPAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines .Treatment For Worker's Compensation 2013 Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Medical food and Sentra PM.

Decision rationale: Regarding the request for Strazepam, it is noted to be a combination of temazepam, a benzodiazepine, and Sentra PM, a medical food that is a proprietary blend of

choline bitartrate, glutamate, and 5-hydroxytryptophan. Benzodiazepines are, per the CA MTUS, "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... 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." Per ODG "There is no known medical need for choline supplementation except for the case of long-term parenteral nutrition or for individuals with choline deficiency secondary to liver deficiency." Additionally, "Glutamic Acid...is used for treatment of hypochlohydria and achlorhydria. Treatment indications include those for impaired intestinal permeability, short bowel syndrome, cancer and critical illnesses. It is generally used for digestive disorders in complementary medicine." Given that benzodiazepines are not supported for long-term use and there is no documentation of a condition for which the Sentra PM component would be supported, there is no clear indication for the use of Strazepam. In light of the above issues, the currently requested Strazepam is not medically necessary.