

Case Number:	CM14-0006092		
Date Assigned:	03/03/2014	Date of Injury:	03/17/2000
Decision Date:	06/30/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/13/2014

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 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 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:

The patient has submitted a claim for Bilateral Knees Internal Derangement associated with an industrial injury date of March 17, 2000. Medical records from 2013 were reviewed, which did not include progress notes and only included utilization reviews and authorization requests. Treatment to date has included medications. Utilization review from December 19, 2013 denied the request for retrospective usage of Doral/Quazepam 15 mg #30 and prospective usage of Doral/Quazepam 15 mg #30 because there was no documentation of failed trials of Y drugs in this class and there was no documentation indicating that this medication was more beneficial than a Y drug on the ODG formulary.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE DORAL/QUAZEPAM 15MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, BENZODIAZEPINES,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.24.2, Page(s): 24.

Decision rationale: According to the 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 its use to four weeks. In this case, the medical records for review only included utilization reviews and authorization requests. The current functional status of the patient is thus unknown. The duration of use of Doral/Quazepam is also unknown. There was also no discussion regarding rationale for the prescription. The request for retrospective Doral/Quazepam 15mg, thirty count, is not medically necessary or appropriate.

PROSPECTIVE DORAL/QUAZEPAM 15MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, BENZODIAZEPINES,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.24.2 Page(s): 24.

Decision rationale: According to the 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 its use to four weeks. In this case, the medical records for review only included utilization reviews and authorization requests. The current functional status of the patient is thus unknown. The duration of use of Doral/Quazepam is also unknown. There was also no discussion regarding rationale for the prescription. The request for prospective Doral/Quazepam 15mg, thirty count, is not medically necessary or appropriate.