

Case Number:	CM14-0008173		
Date Assigned:	08/22/2014	Date of Injury:	08/02/2005
Decision Date:	12/04/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/22/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 55 years old male who reported an injury on 08/02/2005. The mechanism of injury was not provided. His diagnoses were noted to include lumbago and cervicgia. His past treatments were noted to include physical therapy, surgery, home exercise and medication. His diagnostic studies were noted to include an MRI of the cervical spine. The injured worker was status post cervical spine removal of hardware surgery on 12/13/2013. During the evaluation dated 06/30/2014, the injured worker complained of constant dull pain in the cervical spine with severe dysphagia and swelling that was aggravated by repetitive motions of the neck, pushing, pulling, lifting, forward reaching and working at or above the shoulder level. He stated that the pain radiated to the upper extremities and there were associated headaches and tension between the shoulder blades. He rated the cervical spine pain 3/10. He also complained of constant sharp low back pain that was aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting and standing and walking multiple blocks. He stated that the pain in the lower back radiated to the lower extremities and was rated 7/10. The physical examination of the cervical spine revealed palpable paravertebral muscle tenderness with spasm, a negative Spurling's, limited range of motion with pain and normal motor strength. The physical examination of the lumbar spine revealed palpable paravertebral muscle tenderness with spasm, positive seated root test, guarded and restricted standing flexion and extension, tingling and numbness in the lateral thigh, anterolateral and posterior leg, L5 and S1 dermatomal patterns and 4 strength in the extensor hallucis longus muscle and ankle. His medication regimen was noted to include Naproxen Sodium 550mg, Cyclobenzaprine 7.5mg, Sumatriptan 25mg, Ondansetron 8mg, Omeprazole 20mg, Quazepam 15mg and Medrox pain relief ointment. The treatment plan was to continue with medication and physical therapy. The rationale for Quazepam 15mg was not provided. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quazepam tab USP 15 mg #30: 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: The request for Quazepam 15mg #30 is not medically necessary. The California MTUS Guidelines do not recommend benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use of benzodiazepines to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. The injured worker had palpable paravertebral muscle tenderness with spasms to the cervical and lumbar spines. The requesting physician's rationale for the request is not indicated within the provided documentation. There was no documentation indicating that the injured worker suffered from insomnia, anxiety or seizures to warrant the use of Quazepam. There is a lack of documentation demonstrating how long the injured worker has been prescribed Quazepam as well as demonstrating whether the injured worker had significant objective functional improvement with the medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such, the request for Quazepam 15mg #30 is not medically necessary.