

<b>Case Number:</b>	CM14-0012903		
<b>Date Assigned:</b>	02/24/2014	<b>Date of Injury:</b>	03/15/2002
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/31/2014

### 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:

This is a 63-year-old male with a 03/15/2002 date of injury. A specific mechanism of injury was not described. 1/28/14 determination was modified for Colace, certification was rendered for Colace 100mg 2-4 at bedtime #100, given that request did not include quantity of medication. A non-certification was rendered on the same date for Estazolam given that the patient was already on the medication since 2010, was started on Nortriptyline, and there was concurrent Xanax use. 1/9/14 medical report indicates 6-7/10 low back pain radiating to the right buttock, groin, anterior, and posterior leg. Exam revealed tenderness over the lumbar paraspinous muscles, right sacroiliac joint, lumbar region at the midline, right lumbar facets, and gluteus medius on the right. Right patella reflex 0/4, left 1/4. Strength 4/5 over the right lower extremity muscle groups with hypersensitivity. It is noted that the patient was very frustrated with pain. He was referred to [REDACTED], psychiatry, and was seen for three visits. He had to increase Estazolam 2mg by adding a second dose during the night. Cymbalta caused side effects. He admits been more depressed during the holidays. The patient is on two short acting benzodiazepines without psychiatric intervention. It is noted that the patient requires optimal depression management to assist with pain management. The patient's medications include Estazolam, Xanax, Nortriptyline, and Percocet. A referral was made for the patient to see [REDACTED]. Medications are noted to control pain adequately.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**COLACE 100MG, QUANTITY UNKNOWN:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Citation: (<http://www.drugs.com/ppa/docusate.html>), Sodium Docusate.

**Decision rationale:** The FDA states that Sodium Docusate is indicated for the short-term treatment of constipation; prophylaxis in patients who should not strain during defecation; to evacuate the colon for rectal and bowel examinations; and prevention of dry, hard stools. The patient was under chronic opioid therapy for which constipation prevention would be indicated. At the time of the prior determination, a modification was rendered given an unspecified quantity requested of the medication. Docusate seemed to be medically necessary, though a specified quantity should have been determined.

**ESTAZOLAM 2MG, #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 Benzodiazepines Page(s): 24.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They are 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. The patient was taking two benzodiazepines without any psychiatric vigilance, per medical records. It appears that the patient had been on this medication since at least 2010. The specific benefit from the medication and a long term treatment plan was not provided. There was also no clear rationale for the use of this medication. The medical necessity for this medication was not substantiated.