

<b>Case Number:</b>	CM14-0018126		
<b>Date Assigned:</b>	04/16/2014	<b>Date of Injury:</b>	10/27/2001
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2014

### 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 male patient with a date of injury of October 27, 2001. A utilization review determination dated January 30, 2014 recommends non-certification of quazepam 15mg. Instead, modification is recommended because quazepam should not be used as long-term treatment, use should be limited to no more than 4 weeks; therefore, a quantity of nine pills were certified. A progress note dated October 11, 2013 identifies subjective complaints of low back pain due to changes in barometric pressure and weather and difficulty sleeping. It was documented that the patient was taking Norco 10/325 mg every four hours as needed, Pamelor 10 mg at bedtime, cyclobenzaprine 7.5 mg twice a day as needed, and BuTrans patch 20 µg per hour once a week. Physical exam identifies that the patient is alert and oriented times three, is in no acute distress, cognitively intact, has limited range of motion of the lumbar spine with flexion and extension, and has full strength in the lower extremities. Diagnoses include L5 S1 disc disease with grade I spondylolisthesis and disc bulge, L4 L5 disc desiccation with annular tear, lumbar facet syndrome, multiple sclerosis with optic neuritis and legal blindness, depression, and a history of bowel obstruction with colon resection. The treatment plan recommends a trial of quazepam 15 mg at bedtime as needed for sleep, continuation of his current medications, follow-up with neurologist, consideration for future epidural and medial branch blocks, and urine toxicology. A progress note dated January 6, 2014 is a follow-up to his clinic visit on October 11, 2013, on this date there were subjective complaints of chronic insomnia and acute flare up of pain, increased neck, mid thoracic, and lumbar spine pain due to colder weather and poor sleep. Also, hypersensitivity to barometric changes which led to an increase in back pain. Physical examination identifies lumbar flexion at 90°, lumbar extension at 20°, lumbar left and right bend at 30°, tenderness to palpation of the midline lumbar spine, 5/5 strength in his bilateral lower extremities, and 2+ patellar and Achilles reflexes. The treatment plan recommends refills

for his Norco 10/325 every four hours as needed, BuTrans patch 20  $\hat{\mu}$ g per hour once a week, clonazepam 50 mg at bedtime, Flexeril 10 mg three times daily, and Pamelor 10 mg once a day. The treatment plan further recommends a follow-up with his neurologist regarding the patient's multiple sclerosis was recommended, and consideration for future epidural and median branch block injections as needed. A letter dated January 19, 2014 was written to appeal the denial of quazepam 15 mg at bedtime and to clarify an error documented in the progress note dated January 6, 2014 in which clonazepam 50 mg at bedtime appears to have been a listed medication for which refills were requested. Within this letter the requesting physician states that quazepam is a well-known sleep aid that has been beneficial to the patient. A letter dated January 26, 2014 further clarifies that the patient is using quazepam 15 mg at bedtime as needed, and that a quantity of 30 pills lasted approximately 3 months. A progress note dated February 5, 2014 identifies subjective complaints of continued back pain, reports denial of quazepam despite appeal, and reports that the patient is sleeping one and a half hours per night. Physical examination identifies that the patient is alert and oriented times three, is in no acute distress, cognitively intact, Limited lumbar spine range of motion, 5/5 bilateral lower extremity strength, and normal sensation in bilateral lower extremities. The treatment plan recommends continuation of current medication regimen, continuation of a home exercise program, follow-up in clinic in three months, urine toxicology, and continued follow-up with neurologist for multiple sclerosis, and consideration of future epidural and medial branch injections.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 PRESCRIPTION OF QUAZEPAM 15MG: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Benzodiazepine.

**Decision rationale:** Regarding the request for quazepam 15mg, Chronic Pain Medical Treatment Guidelines state that benzodiazepines are not recommended for long-term use. Most guidelines limit their use to 4 weeks. Within the documentation available for review, quazepam was prescribed for insomnia but quazepam is not indicated for the treatment of insomnia. Furthermore, there is no clear documentation identifying any objective functional improvement as a result of the use of the quazepam. Finally, the quazepam is being prescribed for long-term use, which is not recommended by the guidelines. In light of the issues listed above, the currently requested quazepam 15mg is not medically necessary.