

Case Number:	CM14-0112305		
Date Assigned:	08/01/2014	Date of Injury:	07/03/2008
Decision Date:	10/17/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/17/2014

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 Occupational 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 52 year old female with a 7/3/2008 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 5/20/14 noted subjective complaints of low back pain radiating to the bilateral lower extremities, hips and buttocks. Objective findings included intact cervical ROM and had a normal gait. The provider notes state that Doxepin is being prescribed as needed for sleep. Diagnostic Impression: lumbar spinal stenosis, incontinence without sensory awareness Treatment to Date: medication management, nerve root block A UR decision dated 7/1/14 denied the request for Restoril 15 mg #60. Given the claimant's date of injury 2008, short-term use is not indicated to benefit the claimant. Readily available non-habit forming alternatives exist and the claimant has exceeded the recommended use of 4 weeks. It also denied Doxepin 50 mg #30. There is no noted functional benefit, including sleep quality and duration as a result of this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril 15mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines 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. However, there is no stated rationale for the use of benzodiazepines. Additionally, the guidelines state that chronic benzodiazepines are the treatment of choice in very few conditions and that long-term use can lead to dependence and misuse. Use of this medication has already exceeded the guideline recommendation of 4 weeks. Therefore, the request for Restoril 15 mg #60 was not medically necessary.

Doxepin #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-14. Decision based on Non-MTUS Citation pain chapter - antidepressants

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. In addition, ODG identifies that anxiety medications in chronic pain are recommended for diagnosing and controlling anxiety as an important part of chronic pain treatment. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in use of other analgesic medication, sleep quality and duration, and psychological assessment. However, the provider notes state that the requested medication is being prescribed as needed for insomnia. There is no specific mention of its efficacy in improvement of sleep quality and duration, or other specific objective benefit derived from Doxepin usage. Therefore, the request for Doxepin #30 was not medically necessary.