

Case Number:	CM14-0126864		
Date Assigned:	08/13/2014	Date of Injury:	07/09/2010
Decision Date:	09/24/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/11/2014

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:

The patient is a 41-year-old male who has submitted a claim for lumbar strain associated with an industrial injury date of 07/09/2010. Medical records from 01/13/2014 to 07/09/2014 were reviewed and showed that patient complained of low back pain graded 2/10 radiating down bilateral lower extremities. The patient had difficulty of sleeping due to pain. Physical examination revealed tenderness over lumbar paraspinals, decreased lumbar ROM, intact sensation and DTRs of lower extremities. Lumbar spine MRI dated 05/16/2012 revealed L4-5 disc bulge with right L5 nerve root impingement, mild L4-5 spinal stenosis, and minimal L3-4 disc bulging. Treatment to date has included physical therapy, lumbar epidural steroid injection (date unavailable), chiropractic care, H-wave, HEP, Doral 15mg #30 (prescribed since 04/21/2014), and pain medications. Utilization review dated 07/11/2014 denied the request for Quazepam 15mg, days supply 30, QTY 30 due to the risk of dependence and unproven long-term efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quazepam 15mg, days supply 30, QTY: 30: 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: According to page 24 of the California Medical Treatment Utilization Schedule (MTUS) 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 use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Tolerance develops with long-term use. In this case, the patient was prescribed Doral 15mg #30 since 04/21/2014. The long-term use of benzodiazepines is not recommended by the guidelines due to the risk of dependence and tolerance. Therefore, the request for Quazepam 15mg, days supply 30, QTY: 30 is not medically necessary.