

<b>Case Number:</b>	CM14-0154901		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	05/29/2014
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 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 injured worker is a 51-year-old male who reported an injury on 05/29/2014. The mechanism of injury was a slip and fall. Diagnoses included herniated nucleus pulposus at C6-7 with progressive cervical radiculopathy and neurologic deficits, left shoulder sprain, left ankle sprain and lumbar strain. Past treatments included medications. Diagnostic studies included an unofficial MRI of the cervical spine on 05/30/2014, which reportedly revealed marked spondylosis with disc herniation at the C6-7 level. Pertinent surgical history was not provided. An official urine drug screen was collected on 07/14/2014, and was consistent with prescribed medications. The clinical note dated 09/08/2014 indicated the injured worker complained of severe neck pain with lower extremity symptoms. He rated the pain 6/10 with medications and 9/10 without medications. The physical examination revealed positive left Spurling's sign, cervical spine tenderness, and weakness and numbness on the left C7 level. Current medications included Naproxen 550 mg, Quazepam 15 mg, Hydrocodone/APAP 10/325 mg, Zofran 8 mg, Cyclobenzaprine 7.5 mg and Protonix 20 mg. The treatment plan included the retrospective request for Doral Quazepam 15 mg #30 and Hydrocodone/APAP 10/325 mg #90. The rationale for the treatment plan was to treat insomnia, and to decrease the injured worker's pain and improve activities of daily living. The Request for Authorization form was completed on 09/10/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Doral Quazepam 15mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Compensation , Online Edition, Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Page(s): page 24.

**Decision rationale:** The retrospective request for Doral Quazepam 15mg #30 is not medically necessary. The California MTUS Guidelines indicate that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is risk of dependence. Most guidelines limit use to 4 weeks, and tolerance to hypnotic effects develops rapidly. The clinical documentation provided indicated the injured worker complained of severe neck pain. He was scheduled for cervical decompression and fusion on 10/02/2014. The physician noted that the injured worker had failed nonpharmacologic therapies for insomnia, and as the sleep disorder had been persistent and recurrent, medication management was indicated to help restore normal sleep. He had been taking the requested medication since at least 08/2014, which would indicate a treatment plan longer than the guideline recommendation. While the documentation indicated a decrease in symptoms and functional improvement with the use of the prescribed medications, the request does not indicate the frequency for taking quazepam. Therefore, the treatment plan cannot be supported at this time, and the retrospective request for Doral Quazepam 15mg #30 is not medically necessary.

**Retro Hydrocodone/ APAP 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78..

**Decision rationale:** The request for Retro Hydrocodone/ APAP 10/325mg #90 is not medically necessary. The California MTUS Guidelines indicate that four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids including pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. The monitoring of the outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The clinical documentation provided indicated the injured worker complained of severe neck pain with lower extremity symptoms. He rated the pain 9/10 without medications and 6/10 with medications. He was scheduled for cervical decompression on 10/02/2014. He had been taking the requested medication since at least 08/2014. The physician noted that the prescribed medications decreased the injured worker's pain and allowed for improvement in daily functions. An official urine drug screen collected in 07/2014, with results consistent with prescribed medications. While the injured worker benefited from the requested medication, the request does not indicate the frequency for using the medication. Therefore, the

request cannot be supported at this time. As such, the retrospective request for Hydrocodone/  
APAP 10/325mg #90 is not medically necessary.