

Case Number:	CM14-0159341		
Date Assigned:	10/02/2014	Date of Injury:	11/08/2000
Decision Date:	10/29/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/29/2014

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 Family Practice 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:

68 year old male claimant sustained a work injury on 11/8/2000 involving the neck and back. He was diagnosed with lumbar /cervical disc disease and underwent lumbar laminectomy and fusion of L4-L5. He has undergone therapy, oral analgesics and epidural injections. A progress note on 7/22/14 indicated the claimant had increasing neck pain. Examination was notable for tenderness in the cervical and trapezial regions. The lumbosacral junction was mildly tender. He was using Advil and Aspirin for symptoms. A subsequent request was made the following month for Librax 2.5-5mg use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Librax 2.5-5 mg #40: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24.

Decision rationale: Librax is a combination anti-anxiety/Benzodiazepine and anti-cholinergic drug used for irritable bowel symptoms. The MTUS guidelines do not comment on Librax, however, its main ingredient is a Benzodiazepine. According to the MTUS 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. In this case, there is no mention for the indication or application of Librax use. There is no mention of irritable bowel. The length of use is not specified. The Librax is not medically necessary.