

Case Number:	CM14-0029038		
Date Assigned:	06/13/2014	Date of Injury:	10/07/2003
Decision Date:	07/16/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/05/2014

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 Anesthesia, has a subspecialty in Pain Medicine and Acupuncture 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 claimant is a 45 year old male injured worker with date of injury 10/7/03 with related cervical spine pain and right shoulder pain. Per 12/4/13 progress report, he also had lumbar spine pain radiating to both legs. Physical exam findings included lumbar spine tenderness over the paraspinals, decreased ROM due to pain, positive straight leg raise on the left, positive tenderness supraspinatus. The documentation did not contain imaging studies. The documentation submitted for review did not state whether physical therapy was utilized. He was treated with medication management. The date of the UR decision was 2/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

DORAL QUAZEPAM 15MG TABLETS #60 TO PERMIT WEANING OFF: 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, 124.

Decision rationale: With regard to benzodiazepines, MTUS Chronic Pain Medical Treatment Guidelines state "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. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." With regard to weaning from benzodiazepines, the MTUS states: "Tapering is required if used for greater than 2 weeks. (Benzon, 2005) (Ashton, 2005) (Kahan, 2006) This is more dangerous than opioid withdrawal, and takes more time, with the following recommendations: (1) The recommended rate of tapering is about 1/8 to 1/10 of the daily dose every 1 to 2 weeks; (2) Rate of withdrawal should be individually tapered; (3) Tapering may take as long as a year; (4) High-dose abusers or those with polydrug abuse may need in-patient detoxification; & (5) Withdrawal can occur when a chronic user switches to a benzodiazepine with a different receptor activity."The documentation submitted for review provides no rationale or support for the use of quazepam. There is no information regarding whether the injured worker was using this medication, when it was in use, how long it was in use, or at what dosage. The request is not medically necessary.