

Case Number:	CM14-0042497		
Date Assigned:	06/30/2014	Date of Injury:	12/31/2000
Decision Date:	10/01/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/09/2014

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:

There were 319 pages for this review. The application for independent medical review was signed on April 4, 2014. It was for Quazepam 15 mg number 30. Per the records provided, this is a 51-year-old female patient status post injury December 31, 2000. As of January 12, 2014 there was pain and discomfort and some frontal headache. Physical exam showed no pertinent findings. Current diagnosis was L4 to S1 spondylolisthesis, status post posterior lumbar fusion and hypertension. The previous reviewer noted that the guidelines do not support the long-term use of benzodiazepines. Certification was not recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quazepam 15mg: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, and Mental section under Benzodiazepines

Decision rationale: Regarding benzodiazepine medications, the ODG notes in the Pain section: Not recommended for long-term use because long-term efficacy is unproven and there is a risk

of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. In this case, it appears the usage is long term, which is unsupported in the guidelines. The objective benefit from the medicine is not disclosed. The side effects are not discussed. The request is not medically necessary following the evidence-based guideline.