

Case Number:	CM14-0044006		
Date Assigned:	07/02/2014	Date of Injury:	11/10/2010
Decision Date:	08/22/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/10/2014

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 Physical Medicine and Rehabilitation, 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 62-year-old female who reported an injury after lifting a rollaway bed on 11/10/2010. The clinical note dated 10/29/2013 indicated diagnoses of work-related injury of the lumbosacral spine and status post lumbosacral surgeries dated 1993, and of laminectomy and excision of osteophyte at L5-S1 with decompression of nerve root on the left at that level, and surgery dated 11/17/2011 of L5 left hemilaminectomy at L5-S1 and S1 foraminotomy with L4 left hemilaminectomy. The injured worker reported constant low back pain that radiated into her legs, causing numbness and tingling, worse on the left side. The pain was aggravated by sitting, standing, walking, bending, or by stooping. On physical examination of the lumbar spine, the injured worker had an antalgic gait to the left from a still left knee. The injured worker had tenderness to the paravertebrals bilaterally. The injured worker had decreased range of motion. The injured worker's prior treatments included diagnostic imaging, surgeries, and medication management. The injured worker's medication regimen included Ultram, Lorazepam, and Motrin. The provider submitted a request for Strazepam, dispensed on 10/29/2013. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Meds x1 Strazepam dispensed 10/29/13: 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, Benzodiazepines.

Decision rationale: The request for Meds x1 Strazepam dispensed 10/29/13 is not medically necessary. The Official Disability Guidelines do not recommend Strazepam 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. It is not indicated why the injured worker would need 2 benzodiazepines. The injured worker is already prescribed Lorazepam. In addition, it was not indicated how long the injured worker had been prescribed the benzodiazepine. Moreover, the provider did not indicate a rationale for the request. Furthermore, the request did not indicate a dosage, frequency, or quantity. Therefore, the request for Strazepam is not medically necessary.