

<b>Case Number:</b>	CM14-0065070		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	02/08/2013
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 6, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; muscle relaxant therapy; epidural steroid injection therapy; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated May 6, 2014, the claims administrator denied a request for a lumbar traction device and also denied Doral, a benzodiazepine anxiolytic, citing non-MTUS-ODG Guidelines, despite the fact that the MTUS did address the topic. The applicant's attorney subsequently appealed. In a July 18, 2014 progress note, the applicant presented with persistent complaints of low back pain radiating to the bilateral legs, 7/10. Decreased range of motion about the lumbar spine was appreciated. The applicant was prescribed Naprosyn, Norflex, Neurontin, Protonix, and Doral. A home traction unit was endorsed. The applicant was described as already permanent and stationary. In an earlier note dated May 29, 2014, the applicant was apparently using Doral. The attending provider gave the applicant a 30-tablet supply of Doral on that date. The applicant was also given a 30-tablet supply of Doral in June 18, 2014. There was no mention of the applicant using a traction device on a trial basis on May 29, 2014. Similarly, on April 4, 2014, the applicant again presented with 9/10 low back pain. There was no mention of the applicant using a traction unit on trial basis at that point in time. The attending provider did seemingly endorse the traction device on the grounds that it has been recommended by the applicant's medical-legal evaluator. On May 29, 2014, the attending provider did state that the applicant was seemingly using Doral for depression, anxiety, and insomnia. The applicant was asked to go to the emergency department where he is to develop suicidal or homicidal thoughts, it was further noted.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lumbar home traction unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300,308. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308, 300.

**Decision rationale:** As noted in the MTUS adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 308, traction, the modality at issue here, is deemed "not recommended." While page 300 of ACOEM Practice Guidelines also states that traction has not proved effective for lasting relief in low back pain and further notes that traction is not recommended. In this case, the attending provider seemingly sought the purchase of the traction device for the applicant without evidence of a prior one-month trial of the same. Therefore, the request is not indicated both owing to the unfavorable ACOEM position on the same and owing to the fact that no attempts were made to employ the unit on a trial basis before request to purchase the device was initiated. Accordingly, the request is not medically necessary.

**Doral:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines Insomnia Treatment.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that benzodiazepine anxiolytics such as Doral may be appropriate for brief periods, in cases of overwhelming symptoms, so as to afford an applicant with the opportunity to recoup emotional and physical resources. In this case, however, it appears that the attending provider is employing Doral for chronic, long-term, and scheduled-use purposes for depression, anxiety, and insomnia. The applicant appears to be using Doral on a nightly basis, for what appears to be a span of several months. This is not an ACOEM-approved usage of Doral. Therefore, the request is not medically necessary.