

Case Number:	CM14-0065880		
Date Assigned:	07/11/2014	Date of Injury:	10/07/2003
Decision Date:	09/17/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 46-year old female who was injured at work on 10/07/2003. She complains of pain in her neck that spreads to the right arm. The pain is associated with numbness and tingling sensation. In addition, she complained of right shoulder pain that spreads to the right shoulder blade. The physical examination revealed limited range of motion of the neck, positive Spurling's test on the right, as well as palpable tenderness and spasms of paraspinal area. The shoulder examination was positive for Acromioclavicular joint tenderness, positive O'Brian, positive Neer's and positive Hawkin's tests. She had been treated with Lortab, and Topical Analgesic, Anaprox, Quazepam, Paxil, cyclobenzaprine, Ultram ER, and Colace, in the past. In dispute is the request for Quazepam 15mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quazepam 15mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

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

Decision rationale: The MTUS recommends against the long-term use of the benzodiazepines because of the risk of dependence. Furthermore, the MTUS states that most guidelines limit use to 4 weeks. Therefore this medication is not medically necessary. The document reviewed reveals the injured worker has been on this medication for some time, the additional requests exceed the recommended four weeks maximum use. Quazepam 15mg #60 is not medically necessary.