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| <b>Case Number:</b>   | CM14-0074398 |                              |            |
| <b>Date Assigned:</b> | 07/16/2014   | <b>Date of Injury:</b>       | 01/25/2011 |
| <b>Decision Date:</b> | 09/16/2014   | <b>UR Denial Date:</b>       | 05/15/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/21/2014 |

### 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 injured worker is a 54-year-old male who has submitted a claim for RDS NOS, de Quervain's tenosynovitis, carpal tunnel syndrome, and myofascial pain/myositis associated with an industrial injury date of January 25, 2011. Medical records from December 16, 2013 up to July 21, 2014 were reviewed showing ongoing pain in bilateral hands radiating to shoulders. Pain was described as aching, burning, severe, constant, throbbing, and 6/10 in severity. The patient reported difficulty sleeping due to pain and felt that his relationships with other people have been affected by his pain due to stress. Patient was able to complete the following activities with some difficulty; bathing, cleaning, cooking, dressing, driving, grooming, and sexual activity. On progress report dated February 17, 2014 patient stated that Quazepam has improved the quality and duration of his sleep. He can now sleep 5-6 hours uninterrupted. He was tolerating it well with no side effects. Latest physical examination revealed appropriate mood and affect, allodynia to light touch on dorsal aspect of hand and fingers bilaterally, and positive Tinel's sign at wrist bilaterally. Treatment to date has included Quazepam 15mg. Norco, Celebrex, Lyrica, Vicodin, Nabumetone, Terocin, Omeprazole, Hydrocodone, Gabapentin, Meloxicam, Cylobenzaprine, Zanaflex, TENS unit, Gaba, physical therapy, acupuncture, right carpal tunnel release, and left endoscopic carpal tunnel release. Utilization review from May 15, 2014 denied the request for Quazepam 15mg #30. There was no documentation provided pertaining to the patient's response to treatment or any specific rationale for the need of a benzodiazepine. Therefore the request for Quazepam 15MG #30 is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Quazepam 15mg #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain, Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Benzodiazepines.

**Decision rationale:** As noted in the MTUS guidelines, benzodiazepines are 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. As per ODG, benzodiazepines approved for sleep maintenance insomnia are only recommended for short term use due to risk of tolerance, dependence, and adverse events. In this case, the patient has been taking Quazepam 15mg since February 10, 2014. Although there was documented improvement in sleep one week after starting the medication as seen on progress note dated February 17, 2014, the guidelines clearly state that benzodiazepines are not recommended for long-term use. Therefore the request for Quazepam 15MG #30 is not medically necessary.