

Case Number:	CM14-0074437		
Date Assigned:	07/16/2014	Date of Injury:	07/03/2012
Decision Date:	08/14/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	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 Orthopaedic Surgery 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:

This 36-year-old male farm worker sustained an industrial injury on 7/3/12. The injury occurred when he stepped into a hole while walking in a field, sustaining a hyperextension injury to the left knee. Past surgical history is positive for left arthroscopic meniscal surgery on 10/8/12 and 5/8/13, and anterior cruciate ligament reconstruction on 12/18/13. He underwent right knee arthroscopy with medial and lateral meniscectomy, debridement, and chondroplasty on 8/20/13. The 4/22/14 treating physician report cited bilateral knee injury. Left knee exam findings documented significant effusion, range of motion 0-114 degrees, and negative drawer testing. Significant joint pain was reported with testing. Right knee exam documented medial joint line pain, effusion, range of motion 5-125 degrees, crepitus, and negative drawer testing. Gait is antalgic with a crutches or cane required. Medications included diclofenac, omeprazole, and hydrocodone. The patient uses the sleep artificial intervertebral disc, Quazepam, for sleep difficulties due to bilateral knee pain. The benefit of Quazepam was documented. The 5/21/14 utilization review recommended discontinuation of Quazepam as the long-term use of a benzodiazepine hypnotic medication is not supported by guidelines. Quazepam 15 mg #30 was recommended modified to #20 to allow for weaning. Records indicate Quazepam has been prescribed since at least November 2013.

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 cite any medical evidence for its decision.

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 (chronic) Benzodiazepines.

Decision rationale: The California MTUS does not recommend the use of benzodiazepines, like Quazepam, for long-term use. Chronic benzodiazepines are the treatment of choice in very few conditions. Guidelines indicate that Quazepam is approved for treatment of sleep onset insomnia but is only recommended for short-term use, generally limited to 4 weeks. Guidelines state that tapering of benzodiazepines is required if used for greater than 2 weeks. The continued use of this medication is not supported by guidelines. Records indicate that this medication has been prescribed since at least November 2013. The 5/21/14 utilization review partially certified this request for #20 tablets to allow for weaning. There is no compelling evidence to support the medical necessity of additional Quazepam beyond that already certified. Therefore, this request for Quazepam 15 mg #30 is not medically necessary.