

Case Number:	CM14-0078493		
Date Assigned:	07/18/2014	Date of Injury:	10/07/2003
Decision Date:	09/15/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/28/2014

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 & Rehabilitation, has a subspecialty in Pain Management 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 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 45-year-old female with an industrial injury on October 7, 2003. The injured worker has diagnoses of chronic right shoulder pain and underwent right shoulder arthroscopy with subacromial decompression and rotator cuff debridement on June 20, 2005. The patient also has diagnoses of chronic neck pain, cervical disc degeneration, lumbar disc degeneration, cervical radiculopathy, and lumbar disc herniation. The disputed request is for Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Doral (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: Benzodiazepines.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines states on page 24 that 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic Benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005)"In the case of this injured worker, the submitted documentation contains multiple urine drug screens which demonstrates appropriate monitoring for Benzodiazepines in general, but the urine drug testing does not specifically test for Doral. There is no indication of the rationale for usage of this medication in the submitted documentation. It is also unclear of what duration this medication is being utilized, and this is important information as short-term use is recommended by the California Medical Treatment and Utilization Schedule. Therefore, the request is not medically necessary.