MAXIMUS Federal Services

Case Number:	CM14-0099300		
Date Assigned:	10/16/2014	Date of Injury:	12/21/1994
Decision Date:	11/18/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/27/2014

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 and Rehabilitation, has a subspecialty in Pain 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:

This is a patient with a date of injury of December 21, 1994. A utilization review determination dated June 11, 2014 recommends non-certification for Doral 15 mg #30. A progress report dated June 27, 2014 identifies subjective complaints of low back pain which radiates into both lower extremities. The patient states that her spinal cord stimulator provides at least 40% relief of the patient's low back pain and radicular symptoms. The patient also has neck pain radiating into the upper extremities. The note indicates that several of the patients medications will be discontinued and generics will be tried, but that the patient "insists on trade-name Xanax, Ambien, and Prevacid." The note indicates that the patient has been sleeping poorly since Ambien has not been certified. The note goes on to state the Doral apparently works the best out of all of the sleeping aids she has tried. The patient continues to complain of depression and anxiety due to debilitating pain with functional limitations. Objective examination findings revealed tenderness around the cervical spine with increased muscle tone and restricted range of motion. The patient also has weakened grip strength bilaterally and decreased sensation in the upper extremities. Diagnoses include status post cervical fusion, depression/anxiety, lumbar postlaminectomy syndrome, bilateral lower extremity radiculopathy, coccydynia, status post posterior fusion, abdominal wall hernia, lumbar spinal cord stimulator, and medication induced gastritis. The treatment plan recommends continuing the patient's current medications. The note states that "Doral works much better than Ambien and without it she does not get sleep or function while the next day and there is cognitive dysfunction." The patient is also being prescribed Xanax and opiate pain medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Doral 15mg #30: Upheld

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

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

Decision rationale: Regarding the request for quazepam (Doral), Chronic Pain Medical Treatment Guidelines state the 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 anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant." Within the documentation available for review, there is no description of the patient's sleep complaints, failure of behavioral treatment, response to medication, etc. As such, there is no clear indication for use of this medication. Additionally, guidelines do not support the use of benzodiazepines for chronic use. In light of the above issues, the currently requested quazepam is not medically necessary.