

Case Number:	CM14-0099484		
Date Assigned:	07/28/2014	Date of Injury:	01/04/2011
Decision Date:	09/29/2014	UR Denial Date:	06/05/2014
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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 54-year-old female who has submitted a claim for lumbar myoligamentous injury with bilateral lower extremity radiculopathy, cervical myoligamentous injury with right upper extremity radiculopathy, status post C5-C6, C6-C7 ACDF, status post cervical SCS implant, right knee internal derangement with compensatory left knee pain, reactionary depression/anxiety, history of PUD with positive H. pylori, medication induced gastritis, and right wrist internal derangement associated with an industrial injury date of January 4, 2011. Medical records from 2014 were reviewed. The patient complained of ongoing and debilitating pain in the lower back, rated 8/10 in severity. The pain radiates down to both lower extremities. It was aggravated by any type of bending, twisting, and turning. Physical examination showed tenderness on the posterior lumbar musculature with increased muscle tone. Trigger points were noted as well. There was difficulty squatting and coming up because of right knee pain. The patient was able to forward flex, bringing her fingertips to the level of 6 inches below her knees and extension is at about 20 degrees. Straight leg raise was positive bilaterally. Sensation was decreased along the posterior medial thigh and medial calf bilaterally. MRI of the lumbar spine, dated July 16, 2013, revealed 3.7mm disc bulge with moderate disc desiccation and moderate neural foraminal narrowing with a posterior annular tear at L3-L4 and L5 and to a lesser extent L5-S1. Treatment to date has included medications, activity modification, spinal cord stimulator, and cervical spine fusion. A utilization review dated June 5, 2014 denied the request for Doral 15mg #30 because long-term use is not supported and weaning has been recommended on several previous occasions.

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 Benzodiazepines Page(s): 24.

Decision rationale: As stated on page 24 of the MTUS Chronic Pain Guidelines, Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence, and limits the use of these to 4 weeks. In this case, the patient has been prescribed with Doral 15mg since at least April 2014. Progress report dated May 13, 2014 state that Doral helps the patient sleep much better than Ambien. However, this medication is not recommended for long-term use. Therefore, the request for Doral 15mg #30 is not medically necessary.