

Case Number:	CM14-0126094		
Date Assigned:	08/13/2014	Date of Injury:	07/13/2006
Decision Date:	03/03/2015	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/08/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 48-year-old male employed as a garage door field technician when he was involved in a work related injury on 07/13/2006. He recalls that he was kneeling down when he turned his head sharply to look to the left and upwards experiencing a sudden sharp pain in his neck and low back. He was evaluated medically and was found to have bulging discs in his lumbosacral spine. Initially he had conservative management and did not improve. This was followed by surgical treatment. The injured worker has experienced multiple issues since the above date. (See below)The IW also experienced severe reactionary depression and anxiety, industrially related with associated sleep disturbance, sexual dysfunction, voiding dysfunction, urinary incontinence, neurogenic bowel, suicide attempt and a stroke. Other diagnoses were status post right lumbar (L) 4-5 hemilaminectomy, right lower extremity radiculopathy, positive provocative discogram, bilateral carpal tunnel syndrome, status post left carpal tunnel release, status post right inguinal hernia repair, medication induced gastritis, status post L 3-4 and 4-5 interbody fusion, lumbar SCS, left shoulder sprain/strain secondary to fall, possible rupture of right inguinal hernia repair and possible inflammatory bowel disease.He had been treated with a 7 day detoxification program, urology consult, psychiatrist, spinal cord stimulator, trigger point injections, referral to neurologist, psychiatrist and internist. Evaluation on 06/24/2014 noted the IW continued with anal sphincter spasm as well as the constant urge to have a bowel movement. He had received significant relief with Botulinum toxin injection however it provided only sort term benefit. He continued to have low back pain and left shoulder pain. He remained on Ultram ER 150 mg which had been beneficial. He also remained on Prozac and Remeron as well

as Ativan. The provider notes due to his ongoing pain in his lower back and left shoulder he has been having difficulty sleeping at night. He was requesting a sleep aid. The provider requested Doral 15 mg one tablet at bedtime as needed # 30 as a sleep aid. The IW would continue follow up with cognitive behavioral psychotherapy sessions, general surgery, internist and urologist. On 07/11/2014 utilization review issued a decision deeming the Doral as non-certified stating: The California MTUS regarding benzodiazepines state, "Not recommended for long term use because long term efficacy is unproven and there is a risk of dependence." Regarding treatment of insomnia ODG states, "Pharmacologic agents should only be used after careful evaluation of potential causes of sleep disturbance. "The documentation provided does not support extended duration use of the requested product for insomnia. There is also redundant use of other benzodiazepines listed in current medications. The request was appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Doral 15mg 1 QHS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Pain, Insomnia Treatment

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

Decision rationale: Doral 15 mg 1 qhs is not medically necessary. Ca MTUS page 24 states 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. They're ranging actions include sedative/hypnotic, anxiolytic, anticonvulsant and muscle relaxant. Chronic benzodiazepines for the treatment of choice for very few conditions. Tolerance to hypnotic effects develops rapidly." Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety; therefore the requested medication is not medically necessary.