

<b>Case Number:</b>	CM14-0197721		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	08/07/2000
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Rehab, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 injured worker is a 49-year-old male who reported an injury on 08/07/2000. The mechanism of injury was not provided. His diagnoses was noted to include multiple conditions, including thoracolumbar radiculopathy, depression and anxiety, disc degeneration of the lumbar disc, spinal canal stenosis, and chronic low back pain. His past treatments were noted to include epidural steroid injection and medication. His diagnostic studies and surgical history were not provided. During the assessment on 11/18/2014, the injured worker complained of low back pain with radicular symptoms in both lower extremities. He indicated that his low back pain limits both his mobility and activity tolerance and the pain would go as high as a 9/10 in intensity but with his current medical regimen, it is decreased to 7/10. The physical examination of the posterior lumbar musculature reveals tenderness to palpation bilaterally and increased muscle rigidity along the lumbar paraspinal muscles. The injured worker had a decreased range of motion but he was able to bend forward about 4 inches above the level of his knees and extension was limited to about 10 degrees. His medications were noted to include Norco 10/325 mg 8 tablets daily, Soma 350 mg 4 to 5 tablets daily, Anaprox DS 550 mg twice a day, Ativan 1 mg daily as needed, Prilosec 20 mg twice daily, and Cymbalta 60 mg 1 tablet daily. The treatment plan was to continue with medications, proceed with epidural steroid injection at the L5-S1 level, and consider surgery. The rationale for the request was not provided. The Request for Authorization form was not submitted for review.

### 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.

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

**Decision rationale:** The request for Doral 15 mg #30 is not medically necessary. The California MTUS Guidelines do not recommended benzodiazepines for long term use because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit use of the benzodiazepines to 4 weeks. The range of action includes sedatives/hypnotics, anxiolytic, anticonvulsant, and muscle relaxant. The injured worker had tenderness to palpation bilaterally and increased muscle rigidity along the lumbar paraspinal muscles. The requesting physician's rationale for the request was not indicated within the provided documentation. There was no documentation indicating that the injured worker suffered from insomnia, anxiety, or seizures to warrant the use of Doral. There is a lack of documentation demonstrating how long the injured worker has been prescribed Quazepam, as well as demonstrating the injured worker had significant objective functional improvement with the medication. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such, the request for Doral 15 mg #30 is not medically necessary.