

<b>Case Number:</b>	CM14-0200854		
<b>Date Assigned:</b>	12/03/2014	<b>Date of Injury:</b>	07/13/2006
<b>Decision Date:</b>	01/29/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Neurology, 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 patient is a 48-year-old man who sustained a work related injury on July 13, 2006. Subsequently, he developed back and shoulder pain. The patient underwent carpal tunnel release on June 11, 2007, right L4-5 hemilaminectomy on March 27, 2007 with posterior lumbar interbody fusion L3-4 on March 18, 2011. He also underwent lumbar spinal cord stimulator implant on June 14, 2012. According to a progress report dated October 20, 2014, the patient had a trial of sacral nerve stimulation placed on October 9, 2014. The patient had excellent, almost complete resolution of his constant urge and need to defecate. The patient's anal sphincter spasms as well as the constant urge to have a bowel movement persist. He did receive significant relief following Botulinum toxin injection, but unfortunately, only provided short-term benefit. The patient continued to complain of ongoing pain in his left shoulder, A CT of the left shoulder done on February 27, 2013 revealed narrowing of the glenoid humeral joint. The patient did receive a corticosteroid injection to his left shoulder on May 19, 2014, which did provide 3-4 weeks of benefit. Examination of the cervical spine revealed tenderness to palpation along the cervical musculature including trigger points, which were palpable along the cervical posterior musculature, bilateral trapezius muscles, and shoulders. There was decreased sensation to Wartenberg pinprick wheel bilaterally in the palms of the hands. There was positive Tinel's sign and phalen's sign on the right when compared to the left. Examination of the left shoulder revealed tenderness to palpation along the shoulder jointline. No shoulder subluxation appreciated. Shoulder range of motion was restricted by pain. Examination of the lumbar spine revealed significant tenderness along the lumbar musculature, right greater than left. There were also a number of trigger points on the right that cause pain to palpation. The patient had significantly decreased range of motion in flexion and extension and side bending. Sensory deficits were noted along the posterolateral thigh on the right and calf to the use of Wartenberg

pinwheel in comparison to the left. Motor testing in the right lower extremity revealed mild weakness in the right foot in ankle dorsiflexion and plantar flexion in comparison to the left. The patient's diagnoses include: gastritis/gastrointestinal factors, acute muscle spasm, status post right L4-5 hemilaminectomy, and residual bilateral lower extremity radiculopathy. The provider requested authorization for Doral, Prilosec, FexMid, and Norco.

### **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 Page(s): 9, 13-15, 24, 63-64, 66, 68-69, 74, 78-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Benzodiazepines

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

**Decision rationale:** According to MTUS guidelines, Benzodiazepines are not recommended for long term use for pain management because of unproven long term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. There is no recent documentation of insomnia related to pain. Therefore the prescription of Doral 15 MG, #30 is not medically necessary.