

<b>Case Number:</b>	CM14-0201016		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	09/19/1995
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	10/31/2014
<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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 19, 1995. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; opioid therapy; earlier lumbar laminectomy surgery; and implantation of an intrathecal pain pump. In a utilization review report dated October 31, 2014, the claims administrator denied a request for oxazepam, approved a request for ibuprofen, approved a request for oxycodone, and approved a request for senna. The claims administrator did cite isolated guidelines at the bottom of the report, but did not incorporate the same into the report rationale. The claims administrator suggested that its decision was based on a progress note and RFA form of October 24, 2014. The applicant's attorney subsequently appealed. On said October 24, 2014 progress note, the applicant reported ongoing complaints of low back pain. The applicant was using Motrin, senna, oxazepam, oxycodone, and Sonata, it was stated. The intrathecal pain pump was refilled. Multiple medications were refilled, including oxycodone, oxazepam, Motrin, and senna. It was not clearly stated for what purpose oxazepam was being employed here.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxazepam 30 MG #120:** 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:** As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines such as oxazepam are not recommended for long-term use purposes as their efficacy is unproven and there is a risk of dependence, with most guidelines limiting usage of benzodiazepines to four weeks, whether used for sedative effect, hypnotic effect, anxiolytic effect, anticonvulsant effect, or muscle relaxant effect. In this case, the attending provider did not clearly state for what purpose oxazepam was being employed. The attending provider did not furnish any compelling applicant-specific rationale which would offset the unfavorable MTUS position on the article at issue. Therefore, the request was not medically necessary.