

Case Number:	CM14-0201374		
Date Assigned:	12/11/2014	Date of Injury:	04/17/2001
Decision Date:	02/17/2015	UR Denial Date:	11/15/2014
Priority:	Standard	Application Received:	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 Physical Medicine Rehab, has a subspecialty in Interventional Spine Pain Management 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:

This is a 39 year-old male with a 4/17/01 date of injury. According to the 10/15/14 occupational medicine report, he presents with chronic pain in his neck, shoulders, elbows and low back. He has been diagnosed with chronic bilateral shoulder impingement, status post-surgical procedures on both shoulders with residual motion loss; bilateral elbow strain, status post-surgical procedures on the right with residual motion and strength loss; traumatic arthritis left shoulder; epicondylitis right elbow, postoperative lateral release; epicondylitis left elbow, nonsurgical at this time; chronic back pain with L5 radiculopathy; cervical nerve root findings with C5 and C7 root impingement, severe neuropathy; sleep disturbance as a result of chronic nerve pain. The physician has been tapering the patient off of the Hydrocodone and wanted to try to decrease the pain cycle by improving the patient's sleep patterns. The initial request for Doral 15mg #30 was on 10/15/14.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Pain (chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter online, under Insomnia treatment section.

Decision rationale: The patient is a 39 year-old male with a 4/17/2001 date of injury. He presents with chronic pain in the neck, back, both upper extremities. He has had several surgeries in the shoulders and right elbow and is awaiting consult for the cervical and lumbar spines. In the meantime, the treating physician has been trying weaning the patient off of the narcotic analgesics and requested a trial of Doral, a benzodiazepine for the sleep disturbance related to the neuropathic pain. This review is for the use of Doral 15mg #30. MTUS/ACOEM did not discuss insomnia treatment, although MTUS on page 24 under Benzodiazepines mentions that they are not recommended for long-term use, and limits use to 4 weeks. So ODG guidelines were consulted for insomnia treatment. ODG-TWC guidelines, Pain chapter online, under Insomnia treatment section states: Benzodiazepines are similar in efficacy to benzodiazepine-receptor agonists; however, the less desirable side-effect profile limits their use as a first-line agent, particularly for long-term use. The guideline states that the first-line medications for insomnia are the Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists). The treating physician provides a rationale for treating the patient's sleep problems to try to break the pain cycle while he is weaning off the narcotic analgesics. ODG guidelines states the first-line medications for insomnia are the non-benzodiazepine sedative-hypnotics. ODG states the side-effect profile limits the use of benzodiazepines for first-line treatment. 13 medical records were reviewed from 1/28/14 through 11/18/14 and there is no documentation that the patient has trialed any of the first-line medications for insomnia. It appears that Doral, a benzodiazepine, is being trialed before the first-line medications for insomnia. The use of Doral 15mg, #30, is not medically necessary at this time.