

<b>Case Number:</b>	CM14-0202114		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	01/07/2003
<b>Decision Date:</b>	01/29/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/03/2014

### 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 Internal 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 injured worker (IW) is a 63-year-old woman with a date of injury of January 7, 2003. The mechanism of injury was documented as a fall in the parking lot. The injured worker's working diagnosed are cervical postsurgical syndrome; right knee status post meniscal tear; left knee internal derangement; facet arthropathy; lumbar degenerative disc; and insomnia secondary to chronic pain. The most recent progress note in the medical record is dated July 23, 2014. The IW complains of pain across her low back into her right hip. Physical examination reveals tenderness to palpation across the low back as well as her right paraspinals. Her hips move freely both left and right. She has tightness to hamstrings on the right with straight leg raise with some mild pain. She has some restricted range of motion in all planes, especially with extension past 5 degrees secondary to pain. Medications were not documented. In a June 12, 2014 progress note, current medications were Norco, Ambien, and Zanaflex. There were urine drug screen results in the medical records that were completely illegible due to the quality of the scan. There was no documentation of recent progress reports pertaining to the current request. The current request is for Quazepam 15mg #30, and a urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Quazepam 15 mg, thirty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Section Page(s): 23.

**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 Section, Urine Drug Testing.

**Decision rationale:** Pursuant to the Chronic pain Medical Treatment Guidelines and the Official Disability Guidelines, Quazepam 15 mg #30 is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks) because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Quazepam is not recommended. See the guidelines for additional details. In this case, the most recent progress note in the medical record is dated July 23, 2014. There are no medications listed. There are no other medical entries or progress notes discussing Quazepam nor is there any clinical documentation indicating the total length of time in the worker has been taking Quazepam. There is no clinical indication for Quazepam in the record. Consequently, absent the appropriate clinical documentation, documentation of objective functional improvement, Quazepam 15 milligram #30 is not medically necessary.

**Urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Urine Drug Testing.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, urine drug screen is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances and uncover diversion of prescribed substances. The test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker/patient is a low-risk, intermediate or high risk for drug misuse or abuse. In this case, the most recent progress note of the medical record is July 23, 2014. There are no medications listed. There are no entries regarding aberrant drug behavior, drug misuse or abuse. Copies UDS results are illegible from copying. There is no clinical indication documented in the medical record of urine drug screen. Consequently, absent the appropriate clinical indication and/or clinical rationale, urine drug screen is not medically necessary.