

Case Number:	CM14-0043534		
Date Assigned:	07/02/2014	Date of Injury:	09/29/2001
Decision Date:	01/26/2015	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/10/2014

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 Family Practice 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 worker is a 53 year old male who was injured on 9/29/2001 involving his back while handcuffing a suspect during work. He was diagnosed with lumbar facet syndrome, lumbar levoscoliosis, depress, chronic pain, sleep dysfunction, gastroesophageal reflux disease, gastritis, and low testosterone. He was treated with pain medications, sleep aids for insomnia, antidepressants, anti-acid medication, and spinal cord stimulator. On 3/10/2014, the worker was seen by his treating physician for a follow-up reporting ongoing lumbar and right lower extremity pain, rated 4-5/10 on the pain scale. He reported using Quazepam and Ambien (alternating days) to help him sleep. He was then recommended to continue his home exercises, continue his medications (including his quazepam and Ambien, and continue his spinal cord stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quazepam 15mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine: Quazepam guidelines Page(s): 24.

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

Decision rationale: The MTUS Guidelines for Chronic Pain state that benzodiazepines are not recommended for long-term use due to their risk of dependence, side effects, and higher tolerance with prolonged use, and as the efficacy of use long-term is unproven. The MTUS suggests that up to 4 weeks is appropriate for most situations when considering its use for insomnia, anxiety, or muscle relaxant effects. In the case of this worker, there was evidence of chronic use of Quazepam, albeit alternated with Ambien, which is also not recommended for long-term use, in order to get better sleep. However, no report of its effectiveness was seen in the notes, nor any justification for its continual use this long, in the case that this would be an exception to the general recommendations with sedative hypnotics such as this one. Therefore, the Quazepam is not medically necessary to continue.