

Case Number:	CM15-0106486		
Date Assigned:	06/11/2015	Date of Injury:	07/26/2013
Decision Date:	07/14/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 72 year old male who sustained an industrial injury on 7/26/13 when he slipped while carrying a heavy tray injuring his left foot. Prior to this incident he sustained injury from repetitive motion injuring his cervical, lumbar spine, bilateral shoulders, bilateral upper extremities, hands, wrists and feet. He currently complains of pain in both shoulders, left greater than right and is requesting cortisone injections. He has had previous injections the last dated 12/17/14 to the left shoulder with three to four weeks of benefit. He has had MRI of the left and right shoulders (7/21/14), the left showing moderate impingement syndrome with tendinosis of the rotator cuff and the right showing mild impingement syndrome with partial rotator cuff tear. On physical exam there was decreased range of motion. In addition he complains of persistent neck pain with radiation into the trapezius muscles and medial scapular region and down the right upper extremity. He has sensory loss in a radicular pattern and decreased grip strength in the right hand. On physical exam there was decreased range of motion, with tenderness on palpation in the posterior cervical spine musculature, trapezius, medial scapular and sub-occipital regions and multiple trigger points. MRI of the cervical spine (7/21/14) showed degenerative disc disease. He has low back pain radiating down both lower extremities, right greater than left. MRI of the lumbar spine (6/21/14) reveals multilevel disc disease and electrodiagnostic studies of the lower extremity (10/16/14) showed acute L5 radiculopathy on the right. On physical exam there was tenderness on palpation about the paravertebral musculature and sciatic notch region with trigger points and taut bands. There was decreased range of motion as well. There was tenderness to palpation in the plantar fascia region bilaterally, left greater than right. Medications are Anaprox, Ultracet, Doral and Prilosec. He gets 30-40% pain relief with

medications for four to five hours and has increased function. Diagnoses include cervical spine myoligamentous injury with bilateral upper extremity radicular symptoms; bilateral shoulder impingement syndrome with partial right rotator cuff tears; lumbar spine myoligamentous injury with bilateral lower extremity radiculopathy; chronic bilateral thumb and wrist arthritis with moderate carpal tunnel syndrome; bilateral plantar fasciitis; medication induced gastritis. In the progress note dated 4/30/15 the treating provider's plan of care includes to refill medications including Doral 15 mg # 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Doral Tab 15mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official disability guidelines Pain (chronic) chapter, Benzodiazepine.

Decision rationale: Based on the 06/01/15 progress report provided by treating physician, the patient presents with pain to bilateral shoulders, neck pain that radiates to shoulder and right upper extremity, and back pain that radiates down bilateral lower extremities. The request is for DORAL TAB 15MG #30 WITH 1 REFILL. RFA with the request not provided. Patient's diagnosis on 06/01/15 included cervical spine myoligamentous injury with bilateral upper extremity radicular symptoms; bilateral shoulder impingement syndrome with partial right rotator cuff tears; lumbar spine myoligamentous injury with bilateral lower extremity radiculopathy; chronic bilateral thumb and wrist arthritis with moderate carpal tunnel syndrome; bilateral plantar fasciitis; and medication induced gastritis. Treatment to date included electrodiagnostic and imaging studies, injections and medications. Patient's medications include Anaprox, Neurontin, Ultracet, Doral and Prilosec. Patient's work status is not provided. Per 04/30/15 report, the patient has reached maximal medical benefit. Treatment reports were provided from 01/23/14 - 06/01/15. MTUS Guidelines page 24 states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." ODG guidelines, chapter 'Pain (chronic)' and topic 'Benzodiazepine', have the following regarding insomnia treatments: "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. Most guidelines limit use to 4 weeks." Doral is a benzodiazepine. Per 03/30/15 report, treater states the patient "continues to have significant problems with sleep, but Doral used on an intermittent basis has been beneficial." Doral has been included in patient's medications, per progress reports dated 01/23/14, 01/23/15, and 06/01/15. The patient has been prescribed Doral at least since 01/23/14, which is over a year and 5 months to UR date of 05/19/15. Neither MTUS nor ODG guidelines recommend it for long-term use. Furthermore, the request for quantity 30 with 1 refills exceeds guideline recommendation, and does not indicate intended short-term use. This request is not in accordance with guideline indications. Therefore, the request IS NOT medically necessary.