

Case Number:	CM15-0132479		
Date Assigned:	07/20/2015	Date of Injury:	03/01/2001
Decision Date:	08/14/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	07/09/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 59-year-old female who sustained an industrial /work injury on 3/1/01. She reported an initial complaint of neck pain and headaches. The injured worker was diagnosed as having cervical post-laminectomy syndrome, lumbar strain/sprain, and chronic pain. Treatment to date includes medication, spinal cord stimulator, medial branch block, psychology, and surgery (right shoulder rotator cuff repair in 2007, carpal tunnel release, and spinal cord stimulator implant). CT scan results of the cervical spine were reported on 8/27/12. Right shoulder CT was done on 8/25/07. EMG/NCV (electromyography and nerve conduction velocity test was completed on 4/17/12. Currently, the injured worker complained of chronic axial neck pain and cervicogenic headaches. Pain is rated 8/10. There is also right shoulder pain. Per the primary physician's report (PR-2) on 4/21/15, cervical exam noted muscle rigidity, numerous trigger points that are palpable and tender throughout the cervical paraspinal muscles, decreased range of motion, decreased range of motion, deep tendon reflexes at 2/4 bilaterally, 5/5 upper motor strength, and bilateral shoulder range of motion. The requested treatments include retrospective request (DOS 5/22/2015) for Doral 15mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request (DOS 5/22/2015) for Doral 15mg #30: Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes: sedation, anxiolytic, anti-convulsant and muscle relaxant. In this case, the claimant has been on Benzodiazepines for months prior (Xanax) along with opioids and Soma. Such combinations increase the risk of addiction and abuse. No one Benzo provides superior benefit over the other. Continued and chronic use of Doral is not medically necessary.