

Case Number:	CM15-0134638		
Date Assigned:	07/22/2015	Date of Injury:	08/11/2000
Decision Date:	09/02/2015	UR Denial Date:	07/09/2015
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: California, Hawaii
 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:

This 67-year-old man sustained an industrial injury on 8-11-2000. The mechanism of injury is not detailed. Evaluations include cervical spine MRI dated 6-4-2013, thoracic spine MRI dated 6-4-2013, 2-12-2002, 2-16-2001, and 2-24-2006, thoracic provocative discogram dated 8-26-2002, thoracic spine CT dated 5-22-2002, lumbar spine CT dated 8-17-2000, and a post discogram CT. diagnoses include thoracic spine sprain-strain syndrome, thoracic spine disc bulges, cervical spine surgery, cervicogenic headaches, xerostomia, ad medication-induced gastritis. Treatment has included oral and topical medications, chiropractic care, and cervical epidural steroid injection. Physician notes dated 1-26-2015 show complaints of facet generated mid-back pain rated 7 out of 10, neck pain rated 3 out of 10, cervicogenic headaches. Recommendations include facet rhizotomy, posterior thoracic myofascial pain, Norco, AndroGel, Prilosec, Doral, restart Baclofen, topical Lidoderm, Trazadone, Nuvigil, second opinion from general dentist, continue chiropractic care with physiotherapy, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Doral 15mg, #30, (DOS 06/22/2015): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

Decision rationale: The patient presents with chronic neck and back pain with associated headaches. The current request is for Retrospective Doral 15mg, #30, DOS 6/22/15. This report was not provided for review. The treating physician states in the only report provided for review dated 1/26/15, "Doral 15mg at bedtime p. r. n." (25B) The MTUS Guidelines state, "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks." In this case, the treating physician has been prescribing this medication since at least January 2015, which exceeds the recommended guideline of 4 weeks. The current request is not medically necessary.