

Case Number:	CM15-0137279		
Date Assigned:	07/27/2015	Date of Injury:	09/27/2008
Decision Date:	08/28/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/15/2015

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:

The injured worker is a 40 year old male with an industrial injury dated 09/24/2008. His diagnoses included lumbar fusion revision for pseudoarthrosis and fractured sacral 1 pedicle screws, grade I spondylolisthesis at lumbar 5-sacral 1 with radiculopathy to lower extremities, medication induced gastritis and spinal cord stimulator implant (lumbar). Prior treatment included spinal cord stimulator, three lumbar interbody fusions, medications and diagnostics. He presents on 05/15/2015 with low back pain which radiated down to both lower extremities. He states the pain can go as high as 9/10 in intensity, but on his current medical regimen the pain is rated as 6/10. He noted 30-40% pain relief with the spinal cord stimulator. He has been able to decrease his Norco use by 75%. He remains on Norco, Anaprox DS, Neurontin and Ultracet. He also noted medication induced gastritis for which he takes Prilosec. He also required Doral as a sleep aid which enabled him to sleep between six to seven hours at night. Physical exam noted tenderness of the posterior lumbar musculature with increased muscle rigidity. There was numerous trigger points and tenderness throughout the lumbar paraspinal muscles with decreased range of motion. The provider documents weaning of medications as tolerated. "The patient absolutely requires his Prilosec for his gastritis issues, Prozac for his depression issues and Doral for his significant problems with sleep and inability to function the next day. Treatment plan included medications and follow up. Treatment request for the following was authorized: Anaprox 550 mg quantity 120 (retrospective date of service 5/15/15). Prilosec 20 mg quantity 120 (retrospective date of service 5/15/15). Prozac 20 mg quantity 120 (retrospective date of service 5/15/15). Ultracet 37. 5/325 mg quantity 180 (retrospective date of service 5/15/15). The request for review is Doral 15 mg quantity 60 (retrospective date of service 5/15/15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Doral 15 mg Qty 60 (retrospective DOS 5/15/15): 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 Benzodiazepines Page(s): 24.

Decision rationale: The patient presents with diagnoses include lumbar fusion revision for pseudoarthrosis and fractured sacral 1 pedicle screws, grade I spondylolisthesis at lumbar 5-sacral 1 with radiculopathy to lower extremities, medication induced gastritis and spinal cord stimulator implant (lumbar). The patient currently complains of low back pain radiated down to both lower extremities, chronic depression and anxiety. The current request is for Doral 15 mg Qty 60 (retrospective DOS 5/15/15). Doral (Quazepam) is in a group of drugs called benzodiazepines. Quazepam affects chemicals in the brain that may become unbalanced and cause sleep problems. The treating physician states in the treatment report dated 5/15/15 (70B), "the patient also require Doral as a sleep aid which enables him to sleep between six to seven hours at night." MTUS guidelines for Benzodiazepines 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 clinical history notes usage of Doral back to at least 12/10/14 (129B). Usage exceeds the 4-week period that is recommended. The current request is not medically necessary.