MAXIMUS Federal Services

Case Number:	CM15-0143093		
Date Assigned:	08/06/2015	Date of Injury:	11/28/2007
Decision Date:	09/25/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/23/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 28, 2007. In a Utilization Review report dated June 24, 2015, the claims administrator failed to approve a request for Doral. The claims administrator referenced a May 21, 2015 progress note in its determination. The claims administrator suggested that the applicant was using Doral for sedative effect. The claims administrated contended that the applicant was also using Prozac, Norco, Ultracet, Neurontin, Zanaflex, Ambien, Celebrex, and LidoPro, it was reported. The applicant's attorney subsequently appealed. A survey of the claims administrator's medical evidence log, however, suggested that the most recent note on file was in fact dated January 16, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Doral 15 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: No, the request for Doral (quazepam), a benzodiazepine anxiolytic, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytic such as Doral may be appropriate for "brief periods," here, however, the request was framed as a renewal or extension request for the same, per the claims administrator's description of May 21, 2015 clinical progress note. It was suggested that the claimant was using Doral on a long-term basis for sedative effect. Such usage, however, was/is incompatible with the short-term role for which anxiolytics are espoused, per the MTUS Guideline in ACOEM Chapter 15, page 402. While it is acknowledged that the May 21, 2015 progress note at issue was not seemingly incorporated into the IMR packet, the historical information on file failed to support or substantiates the request. Therefore, the request was not medically necessary.