

Case Number:	CM15-0160567		
Date Assigned:	08/27/2015	Date of Injury:	11/01/2006
Decision Date:	10/02/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	08/17/2015

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 45 year old male, who sustained an industrial injury on 11-01-2006. He has reported injury to the neck and low back. The diagnoses have included cervical post-laminectomy syndrome, status post C3-4, C4-5, and C5-6 ACDF (anterior cervical discectomy and fusion), on 06-14-2011, with subsequent removal of the hardware, on 09-16-2014; cervical post-laminectomy syndrome; bilateral upper extremity radiculopathy, left greater than right; lumbar sprain-strain; status post L4-5 and L5-S1 laminectomy discectomy, in 2008; lumbar post-laminectomy syndrome; urologic incontinence; depression and anxiety; right-sided Horner's syndrome; insomnia; and medication-induced gastritis. Treatment to date has included medications, diagnostics, bracing, physical therapy, psychotherapy, and surgical intervention. Medications have included Norco, MS Contin, Anaprox, Neurontin, Wellbutrin, Ativan, Doral, Cymbalta, Remeron, Miralax, Colace, and Prilosec. A progress note from the treating physician, dated 06-12-2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of persisting neck pain with associated cervicogenic headaches with pain radiating down to both upper extremities; he remains symptomatic after neck surgery; he continues to feel dizzy with intermittent loss of hearing and difficulty with balance; his current oral analgesic medications enable him to function on a daily basis; he is able to perform activities of daily living, as well as ambulate with the use of his four-wheel walker; with the MS Contin and Norco, he consistently receives a 40-50% relief of pain; the Doral enables him to sleep between five to six hours a night; and he remains depressed and anxious due to his ongoing pain with significant functional limitations. Objective findings included he appears to be in mild

distress; tenderness to palpation in the posterior cervical spine musculature, trapezius, medial scapular, and sub-occipital region; there are multiple trigger points and taut bands palpated throughout; cervical ranges of motion are decreased; upper extremity motor testing is 4 out of 5 in the shoulder abductors and the elbow flexor on the left; decreased sensation along the right posterior lateral arm and forearm with some weakness on the left triceps; there is tenderness to palpation about the lumbar paravertebral musculature and sciatic notch region; there are trigger points and taut bands with tenderness to palpation noted throughout; lumbar ranges of motion are decreased; there is decreased motor strength with dorsiflexion of the left foot and ankle, and extension of the great toe; sensory exam is decreased along the posterior lateral thigh and posterior lateral calf bilaterally, left greater than right; and the straight leg raise is positive bilaterally. The treatment plan has included the request for Doral 15mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Doral 15mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 2015, Pain-Insomnia treatment-Benzodiazepines.

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

Decision rationale: The current request is for Doral 15mg #30. Treatment to date has included medications, diagnostics, bracing, physical therapy, psychotherapy, and surgical intervention. MTUS Guidelines under Benzodiazepines on page 24 states, "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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." Per report 06-12-2015, the patient complains of persisting neck pain with associated cervicogenic headaches with pain radiating down to both upper extremities. Medications have included Norco, MS Contin, Anaprox, Neurontin, Wellbutrin, Ativan, Doral, Cymbalta, Remeron, Miralax, Colace, and Prilosec. The treater states that medication provide 40-50% relief of pain. The treater states that the patient is prescribed Doral for bedtime as Lunesta and Ambien continued to be denied. Doral enables him to sleep between five to six hours a night. The request is for a refill of medications. This patient has been prescribed Doral since at least 02/12/15. While it is evident that the patient suffers from some sleep issues, MTUS guidelines do not support the long-term use of benzodiazepines. Hence, this request IS NOT medically necessary.