

Case Number:	CM15-0167536		
Date Assigned:	09/08/2015	Date of Injury:	11/01/2006
Decision Date:	10/07/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/25/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 injured worker is a 44-year-old male who sustained an industrial injury on 11-1-2006. He has reported cervical pain and lumbar pain and has been diagnosed with status post anterior cervical fusion and discectomy at C3-C4 and C4-5 with retained anterior cervical plate, cervical spondylosis , status post lumbar laminectomy and discectomy at L4-5 and L5-S1, post laminectomy pain syndrome with radiculopathy, left lower extremity, status post removal of retained anterior cervical plate, retained anterior cervical plate, C4 through C6 with cervical spondylosis C6-7, and Horner's syndrome right eye iatrogenic. Treatment has included medications and surgery. There was tenderness of the cervical spine and limited range of motion. There was tenderness to the lumbar spine with slight to moderate sciatic notch tenderness bilateral. The treatment plan included medication and follow up. The treatment request included Doral 15 mg # 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: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Insomnia treatment.

Decision rationale: Pursuant to the Official Disability Guidelines, Doral 15 mg #30 is not necessary. Doral is an FDA approved benzodiazepine for sleep onset insomnia majority of these medications are evaluated for short-term treatment (less than or equal to four weeks) of insomnia. The medications recommended only for short-term use due to risk of tolerance, dependence and adverse events. In this case, the injured worker's working diagnoses are cervical post laminectomy syndrome C3 - C4, C4 - C5 and C5 - C6 ACDF; bilateral upper extremity radiculopathy; status post L4- L5 and L5 - S1 laminectomy/discectomy; bilateral upper extremity radiculopathy; positive discogram L3 - L4, L4 - L5 and L5 - S1; urologic incontinence, erectile dysfunction, depression and anxiety; medication induced gastritis; and Horner syndrome. Date of injury is November 1, 2006. Request for authorization is July 28, 2015. According to a progress note dated February 12, 2015, the treating provider prescribed Doral 15 mg at bedtime. According to a progress note dated July 13, 2015, the treating provider continued to prescribe Doral for sleep. There are multiple recommendations in the utilization reviews for Doral weaning. The treating provider has not attempted to wean the Doral. Additionally, Doral is indicated for short-term use. There are no compelling clinical facts in the record to support ongoing long-term use. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, treatment continued in excess of the recommended guidelines for short-term use (at a minimum six months), and no documentation demonstrating objective functional improvement, Doral 15 mg #30 is not necessary.