

Case Number:	CM15-0197982		
Date Assigned:	10/13/2015	Date of Injury:	05/10/2001
Decision Date:	11/25/2015	UR Denial Date:	09/26/2015
Priority:	Standard	Application Received:	10/08/2015

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, Illinois

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 injured worker is a 54 year old male, who sustained an industrial injury on 5-10-01. The injured worker is being treated for thoracolumbar post laminectomy syndrome with residuals complicated with severe infection and pulmonary embolus, anterior-posterior cervical fusion with bilateral upper extremity radiculopathy, reactionary depression-anxiety and medication induced gastritis. Urine toxicology performed on 9-11-15 was consistent with medications prescribed. Treatment to date has included oral medications including OxyContin, Percocet, Baclofen, Anaprox DR, Prilosec 20mg, Cymbalta 60mg, Neurontin 300mg, Xanax 0.25mg, Tapazole 10mg, Detrol LA 4mg, Doral 15mg (which allows him to function better the next day and he has used intermittently for over 10 years) and Flomax 0.4mg, lumbar fusion with revision of hardware. On 9-11-15, the injured worker complains of ongoing debilitating pain in lower back with radiation down to bilateral lower extremities, which limits mobility and activity tolerance. Disability status is noted to be permanent and stationary. Physical exam performed on 9-11-15 revealed cervical spine tenderness to palpation bilaterally with increased muscle rigidity and numerous trigger points are palpable and tender throughout the cervical paraspinal muscles with decreased range of motion and muscle guarding; and lumbar spine exam revealed tenderness to palpation bilaterally with increased muscle rigidity with numerous trigger points that are palpable and tender throughout the lumbar paraspinal muscles with decreased range of motion and muscle guarding. Request for authorization was submitted on 9-11-15 for Doral 15mg #30. On 9-26-15 request for Doral 15mg #30 was modified to #15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Doral 15 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: The medical records indicate the injured worker was injured at work on 5-10-01. The injured worker has been diagnosed of thoracolumbar post laminectomy syndrome with residuals complicated with severe infection and pulmonary embolus, anterior-posterior cervical fusion with bilateral upper extremity radiculopathy, reactionary depression-anxiety and medication induced gastritis. Treatments include oral medications including OxyContin, Percocet, Baclofen, Anaprox DR, Prilosec 20mg, Cymbalta 60mg, Neurontin 300mg, Xanax 0.25mg, Tapazole 10mg, Detrol LA 4mg, Doral 15mg (which allows him to function better the next day and he has used intermittently for over 10 years) and Flomax 0.4mg, lumbar fusion with revision of hardware. The medical records do not indicate a medical necessity for Doral 15 mg #30. Doral (Quezepam) is a benzodiazepine sedative hypnotic. The MTUS does not recommend the use of this medication for longer than 4 weeks due to lack of efficacy and dependence. Medical records reviewed indicate the injured worker has been using benzodiazepines at least since 2010. The request is not medically necessary.