

<b>Case Number:</b>	CM15-0200665		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	04/01/2007
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: North Carolina

Certification(s)/Specialty: Family Practice

### 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 55 year old male who sustained an industrial injury on 4-1-07. The injured worker reported back pain. A review of the medical records indicates that the injured worker is undergoing treatments for lumbago, thoracic lumbosacral neuritis radiculitis, sprain and strain of lumbosacral, displacement lumbar intervertebral disc without myelopathy and cervicgia. Medical records dated 9-28-15 indicate pain rated at 4 out of 10 with medication and 9 out of 10 without medication. Provider documentation dated 9-28-15 noted the work status as not employed. Treatment has included status post lumbar fusion (August 2010), magnetic resonance imaging (5-24-12), lumbar radiofrequency ablation, Methadone since at least February of 2015, topical compound medication since at least February of 2015, Cymbalta since at least February of 2015, Doral since at least April of 2015, Neurontin since at least April of 2015 and Soma since at least February of 2015. Objective findings dated 9-28-15 were notable for tenderness to palpation to lumbar vertebrae, muscles, coccyx, sacral and sacroiliac joint with decreased range of motion. The original utilization review (9-18-15) denied a request for Doral Quazepam 15mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Doral/Quazepam 15mg #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 California chronic pain medical treatment guidelines section on benzodiazepines states: Benzodiazepines. 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. (Baillargeon, 2003) (Ashton, 2005) The chronic long-term use of this class of medication is recommended in very few conditions per the California MTUS. There is no evidence however of failure of first line agent for the treatment of anxiety or insomnia in the provided documentation. For this reason the request is not medically necessary.