

Case Number:	CM15-0202373		
Date Assigned:	10/19/2015	Date of Injury:	10/13/2008
Decision Date:	12/02/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/14/2015

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, Florida, 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 injured worker is a 51 year old female, who sustained an industrial injury on October 13, 2008, incurring knees and low back injuries. She was diagnosed with lumbar radiculitis, lumbar disc disease, lumbar facet arthropathy, and bilateral knee internal derangement. Treatment included physical therapy, Synvisc injections, and arthroscopic surgery to the knees, pain medications, steroid injections, neuropathic medications, anti-inflammatory drugs, antidepressants, and activity restrictions. Currently, the injured worker complained of persistent low back pain with bilateral knee pain. She underwent lumbar surgery in September, 2012 and in December, 2014. Her back pain radiated down into her lower extremities. The injured worker developed increased anxiety, tension and depression and insomnia secondary to the chronic pain and discomfort. The treatment plan that was requested for authorization included a prescription for Doral 15 mg #30. On September 24, 2015, a request for a prescription for Doral was non-approved by utilization review.

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 Medical Treatment 2009, Section(s): 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, under Benzodiazepines.

Decision rationale: This claimant was injured 7 years ago, in 2008, incurring knees and low back injuries. Currently, the injured worker complained of persistent low back pain with bilateral knee pain. She underwent lumbar surgery in September, 2012 and in December, 2014. The injured worker developed increased anxiety, tension and depression and insomnia secondary to the chronic pain and discomfort. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding benzodiazepine medications, the ODG notes in the Pain section: Not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. In this case, it appears the usage is long term, which is unsupported in the guidelines. The objective benefit from the medicine is not disclosed. The side effects are not discussed. The request is appropriately non-certified following the evidence-based guideline. Therefore, the request is not medically necessary.