

Case Number:	CM15-0204162		
Date Assigned:	10/21/2015	Date of Injury:	09/04/2012
Decision Date:	12/02/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/16/2015

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: Arizona, California

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 34year old male, who sustained an industrial injury on 9-4-2012. The injured worker is undergoing treatment for: thoracic or lumbosacral neuritis or radiculitis, lumbago, lumbosacral intervertebral disc degeneration, sacroiliitis, myalgia and myositis. On 4-30-15, he reported low back pain with left leg pain. He indicated he had 80 percent reduction in pain of the left leg and 65 to 70 percent reduction in pain with a lumbar epidural steroid injection. He rated his pain 3 out of 10 without medications and 1 out of 10 with medications. On 8-18-15, he reported low back pain and denied lower extremity pain. He reported not taking medications daily only as needed. Objective findings revealed tenderness to palpation of the low back, muscle spasms noted, and positive straight leg raise testing bilaterally. There is no discussion regarding insomnia. The treatment and diagnostic testing to date has included: urine drug screen (3-5-15 and 8-18-15), lumbar epidural steroid injection (1-28-15), MRI of the lumbar spine (9-20-13), CURES (date unclear), and opioid agreement. Medications have included: Vicodin, Relafen, Naprosyn, ultram ER, flexeril, Lidoderm patches and dural. The records indicate he has been utilizing Dural since March 2015, possibly longer. Current work status: The records indicate he is working; however, it is unclear in what capacity. The request for authorization is for: Doral 15mg tablet quantity 30. The UR dated 9-17-2015: Doral 15mg tablet quantity 25 for 30 days' supply.

IMR ISSUES, DECISIONS AND RATIONALES

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

Doral tab 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: Doralis a benzodiazepine. According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes: sedation, anxiolytic, anticonvulsant and muscle relaxant. In this case, the claimant was on Doral for several months without justification of its use. Long-term use is not indicated and continued use is not medically necessary.