

<b>Case Number:</b>	CM15-0204394		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	09/27/2008
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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

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 59-year-old male, who sustained an industrial injury on 9-27-08. The injured worker was diagnosed as having Grade I spondylolisthesis L5-S1 with radiculopathy; medication induced gastritis. Treatment to date has included physical therapy; status post PLIF L4-5 and L5-S1 (12-2010); status post spinal cord stimulator implantation (7-31-14); medications. Currently, the PR-2 notes dated 9-15-15 indicated the injured worker returns to this office for a follow-up re-evaluation and treatment. He was last seen in this office on 7-15-2015. He reports complaints of ongoing and debilitating pain at his lower back which radiates down to the bilateral lower extremities. The provider documents his pain can go as high as 9 out of 10 in intensity but on his current medical regimen, this decreased to 7 out of 10, but continues to limit both his mobility and activity tolerance. He relies on his lumbar spinal cord stimulator which was implanted on 7-31-14 and provides between 30-40% pain relief to his lower back as well as his lower extremities." The provider notes the injured worker is having difficulty obtaining his Norco, which was last prescribed 8-20-15, and he has not been able to get it from the pharmacy. He notes he does suffer from "a posterior laminectomy syndrome having undergone an interbody fusion at L4-5 and L5-S1 7-14-13." The provider documents a physical examination and reviews his medications. He notes the injured worker is prescribed "Doral for his significant problems with sleep and inability to function the next day". The medical documentation submitted for review notes Doral was prescribed as far back as 4-7-15. A Request for Authorization is dated 10-19-15. A Utilization Review letter is dated 9-23-15 and non-certification for Doral 15mg,

#120 (date of service: 9-15-15). A request for authorization has been received for Doral 15mg, #120 (date of service: 9-15-15).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Doral 15mg, #120 (DOS: 9/15/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, 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/Insomnia Treatment.

**Decision rationale:** Updated ODG Guidelines support that long-term use of specific hypnotic medications if an individual has chronic insomnia related to chronic pain. However, the Guidelines do not support the long-term use of this class of hypnotic medications (benzodiazepine agonists). There are other hypnotics that are Guideline recommended for long-term use and there are no unusual circumstances to support an exception to Guideline recommendations. The Doral 15mg, #120 (DOS: 9/15/15) is not supported by Guidelines. It is not medically necessary.