

Case Number:	CM15-0028300		
Date Assigned:	02/20/2015	Date of Injury:	02/07/2005
Decision Date:	03/31/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/16/2015

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 50 year old male, who sustained a work/ industrial injury on 2/7/05. He has reported symptoms of cervical spine pain with stiffness, dysphagia, and low back pain that radiated to both lower extremities that was rated 8/10. Prior medical history includes migraine and dizziness. Surgical history included ACDF (anterior cervical discectomy and fusion) at C4-5 and C5-6 on 10/16/14. The diagnoses have included cervical spondylosis at C4-5 and C5-6 and. Degenerative disc disease, lumbosacral spine L5-S1 with radiculopathy to the left lower extremity. Diagnostics included Electrodiagnostic studies that reveal mild acute C6 and L5 radiculopathy on the left. Medications included Norco that gave 40-50% relief, Flector patch, and Lidoderm patch. Exam noted antalgic gait, tenderness to palpation bilateral of posterior cervical muscles, increased muscle rigidity, numerous trigger points that were palpable and tender in the cervical paraspinal muscles, decreased range of motion in flexion and extension. On 2/5/15, Utilization Review non-certified a Doral (Quazepam) 15mg #30, noting the California Medical treatment Utilization Schedule (MTUS) Guidelines; Chronic Pain.

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 Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24.

Decision rationale: 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 Xanax another benzodiazepine for over 6 months. The claimant had chronic neck and back pain as well as anxiety and depression. The indication for Benzodiazepine was not specified. The length of use exceeded the length recommended by the guidelines. In addition, the claimant's response to the medication was not provided. The continued use of Doral is not medically necessary.