MAXIMUS Federal Services

| Case Number: | CM15-0219528 | | |
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| Date Assigned: | 11/12/2015 | Date of Injury: | 04/01/2007 |
| Decision Date: | 12/29/2015 | UR Denial Date: | 10/13/2015 |
| Priority: | Standard | Application Received: | 11/09/2015 |

## 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: Physical Medicine & Rehabilitation

## 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 female with an industrial injury date of 04-01-2007. Medical record review indicates she is being treated for lumbago, thoracic-lumbosacral neuritis-radiculitis, sprain and strain of lumbosacral, displacement lumbar intervertebral disc without myelopathy, cervicalgia and pain in soft tissues of limb. Subjective complaints (10-26-2015) included "severe" lower back pain with stiffness. "He is getting minimal pain relief to an extent with the use of his medication." Medications (10-26-2015) include Methadone, Soma and topical medications. Prior medications include Methadone, Neurontin, Voltaren XR, Prilosec, Doral, Soma and topical medications. Prior treatments included bilateral radiofrequency ablation of the medial branch nerves at lumbar 3, lumbar 4 and lumbar 5 and medications. Objective findings included (10-26-2015) included triggering and spasm of lumbar muscles. Sacroiliac joint was tender to palpation. The treating physician documented review of CURES report, informed consent and opioid agreement. On 10-13-2015 the request for Doral 15 mg for 30 day supply (RX 09-28-2015) was denied 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 for 30 day supply (Rx 09/28/15) QTY: 30:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Quazepam, Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress chapter, under Benzodiazepines.

**Decision rationale:** The patient presents on 10/06/15 with severe lower back pain rated 8/10 with medications, 10/10 without. The patient's date of injury is 04/01/07. The request is for DORAL 15MG FOR 30 DAY SUPPLY (RX 09/28/15) QTY: 30. The RFA was not provided. Physical examination dated 10/06/15 reveals tenderness to palpation of the lumbar vertebrae, lumbar paraspinal musculature, sacrum, bilateral SI joints, and coccyx with spasms noted throughout. The provider also notes positive facet loading in the lumbar spine and abnormal sensation in the L4, L5, and S1 dermatomal distributions. The patient is currently prescribed Methadone, Soma, and topical compounded creams. Patient is currently not working. MTUS Chronic Pain Medical Treatment Guidelines 2009, Benzodiazepines section, page 24 states 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. Official Disability Guidelines, Mental Illness and Stress chapter, under Benzodiazepines has the following: 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. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). 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 (3- 14 day). 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. Tolerance to lethal effects does not occur and a maintenance dose may approach a lethal dose as the therapeutic index increases. The best prevention for substance use disorders due to benzodiazepines is careful prescribing. In regard to a 30 day supply of Doral, the request is appropriate. There is no evidence in the records provided that this patient has taken any Benzodiazepine class medications to date. MTUS and ODG do not support chronic Benzodiazepine utilization owing to a high risk of dependency and loss of efficacy, limiting their use to no longer than 4 week duration. In this case, the provider signals the discontinuation of this patient's Methadone prescription (owing to diminished efficacy) and it appears the prescription for Doral is a stopgap anti-anxiety measure given the discontinuation of narcotic medication. The current request - a 30 day supply with no refills falls within MTUS/ODG guideline recommendations for Benzodiazepine utilization, and is an appropriate short-term measure given the discontinuation of this patient's narcotic medications. Therefore, the request IS medically necessary.