

Case Number:	CM15-0036258		
Date Assigned:	03/04/2015	Date of Injury:	04/01/1997
Decision Date:	04/14/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	02/26/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 63 year old male who sustained a work related injury on April 1, 1997, incurring a low back injury. He was diagnosed with lumbar sprain, lower extremity radiculopathy, lumbar disc displacement, ankle sprain and right ankle trimalleolar fracture. He underwent lumbar surgery in December 2005 and placement of a spinal cord stimulator in July, 2010. An Open Reduction and Internal Fixation of the right ankle were performed in July, 2014 after a fall. Treatment included physiotherapy, physical therapy, pain medications, and shock wave therapy. Currently, the injured worker complained of persistent low back pain, and ankle, weakness and numbness of the lower extremities. On February 17, 2015, a request for one prescription of Doral 15 mg, #30, and retro dispensed on February 2, 2015, was non-certified by Utilization Review, noting the California Medical Treatment Utilization Schedule Guidelines and Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Doral 15mg, #30, retrospective dispensed 2/2/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) Benzodiazepines.

Decision rationale: MTUS states that benzodiazepine (i.e. Doral) is "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". ODG states "Benzodiazepines are not recommended as first-line medications by ODG. Criteria for use if provider & payor agree to prescribe anyway: 1) Indications for use should be provided at the time of initial prescription. 2) Authorization after a one-month period should include the specific necessity for ongoing use as well as documentation of efficacy". The medical record does not provide any extenuating circumstances to recommend exceeding the guideline recommendations. Additionally, no documentation as to if a trial of antidepressants was initiated and the outcome of this trial. As such, the request for Doral 15mg #30, retrospective dispensed 2/2/15 is not medical necessary.