

Case Number:	CM15-0084965		
Date Assigned:	05/07/2015	Date of Injury:	10/26/2012
Decision Date:	06/09/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/04/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 54-year-old male, who sustained an industrial injury on October 26, 2012. He reported neck pain, bilateral knee pain and right shoulder pain with radiating pain to the bilateral upper extremities. The injured worker was diagnosed as having cervical injury with bilateral upper extremity radiculopathy, lumbar injury with bilateral lower extremity radiculopathy, bilateral plantar fasciitis and hypogonadism secondary to chronic opiate use. Treatment to date has included radiographic imaging, diagnostic studies, and injections to the knees, conservative care, medications and work restrictions. Currently, the injured worker complains of hearing loss, neck pain, bilateral knee pain and right shoulder pain with radiating pain to the bilateral upper extremities. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. It was noted he had multiple previous injuries resulting in knee surgery, shoulder surgery and lumbar surgery. In 2013, the right knee pain worsened and surgical intervention was discussed. He was treated with injections and medications. He was treated conservatively without complete resolution of the pain. Evaluation on February 19, 2015 revealed continued pain as noted. Surgical intervention of the right knee was discussed, medications were renewed and injections in the right shoulder and bilateral knees were recommended for future care. Evaluation on April 20, 2015, revealed continued pain as noted. A retrospective request for medications was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Doral 15mg, #30, provided on date of service: 03/20/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 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 section, Benzodiazepines.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective Doral (Quazepam) 15 mg #30 date of service March 20, 2015 is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. The guidelines do not recommend Quazepam. In this case, the injured worker's working diagnoses are cervical myoligamentous injury with bilateral upper extremity radicular symptoms; lumbar mild ligamentous injury with left lower extremity radicular symptoms; status post L4-L5 laminectomy/discectomy 2006; status post arthroscopy left knee times to; status post arthroscopy right knee; bilateral plantar fasciitis; hypogonadism secondary to chronic opiate use; and medication induced gastritis. Documentation from April 20, 2015 progress note states the injured worker takes Ativan for sleep, but still has difficulty sleeping. The treatment plan is to change to Doral. Guidelines do not recommend Doral. Both Ativan and Doral are benzodiazepines. Benzodiazepines are not recommended for long-term use (longer than two weeks). The treating provider exceeded the recommended guidelines by treating the injured worker for longer than two weeks. There are no compelling clinical facts in the medical record indicating long-term benzodiazepines (for sleep) are clinically indicated. Consequently, absent clinical documentation with objective functional improvement with Ativan, then changing to Doral without evidence of objective functional improvement in excess of the recommended guidelines, retrospective Doral (Quazepam) 15 mg #30 date of service March 20, 2015 is not medically necessary.