

Case Number:	CM15-0086384		
Date Assigned:	05/08/2015	Date of Injury:	09/27/2008
Decision Date:	06/16/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/05/2015

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: 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 40 year old male, who sustained an industrial injury on 9/27/08. He reported pain in his lower back after being struck by the ball of a crane. The injured worker was diagnosed as having Grade I spondylolisthesis at L5-S1 with radiculopathy to the lower extremities. Treatment to date has included a lumbar spinal cord stimulator which has reduced his pain by 30%, an EMG study and several spinal fusion surgeries. He has also been taking Norco, Neurontin and Doral (since at least 1/21/15). As of the PR2 dated 4/7/15, the injured worker reports pain in his lower back. The treating physician noted that the injured worker has difficulty sleeping due to pain and uses Doral as needed for sleep. The treating physician requested to continue Doral 15mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Doral 15mg, #30 (DOS 04/07/2015): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Benzodiazepines. Doral (Quazepam) <http://www.drugs.com/pro/doral-tablets.html>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 24) states that benzodiazepines are 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. ODG guidelines state that benzodiazepines are 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. The patient was prescribed Doral on 1/21/15 and 2/15/15 and 4/7/15. Medical records document the long-term use of the benzodiazepine Doral (Quazepam). MTUS guidelines do not support the long-term use of benzodiazepines. ODG guidelines do not recommend the long-term use of benzodiazepines. Therefore, the use of Doral (Quazepam) is not supported. Therefore, the request for Doral (Quazepam) is not medically necessary.