

<b>Case Number:</b>	CM15-0088038		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	08/07/2000
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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 49-year-old male who sustained an industrial injury on 8/7/2000. His diagnoses, and/or impressions, are noted to include lumbar degenerative disc disease with associated facet arthropathy and severe foraminal stenosis; bilateral lower extremity radiculopathy; cervical spondylosis; and medication-induced gastritis. No current imaging studies are noted. His treatments have included bilateral lumbar laminotomy, facetectomy & foraminotomy neurolysis surgery on 3/30/2015; and medication management. His treatments have included epidural steroid injection therapy on 12/2014, which provided 50% relief x 3 weeks; and medication management. Progress notes of 3/17/2015 reported persistent and severe low back pain that radiated down into both lower extremities, limiting his mobility and activity tolerance, and with improvement from his medications; and that he requested a refill of Doral which helps him achieve 4-5 hours of sleep. The objective findings were noted to include cardiac clearance for his scheduled bilateral foraminotomy surgery, the continuation of his current oral analgesic medication regimen; obvious distress; slow movement; antalgic gait with favoring of his left lower extremity; increased rigidity of the lumbar muscles; positive straight leg raise which caused radicular symptoms; and decreased sensation. The physician's requests for treatments were noted to include Doral.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Doral 15mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines, NSAIDs/Proton Pump Inhibitors (PPIs) Page(s): 24, 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, page 24.

**Decision rationale:** Quazepam (Doral) is an anti-anxiety medication in the benzodiazepine family, which inhibits many of the activities of the brain, as it is believed that excessive activity in the brain may lead to anxiety or other psychiatric disorders. Per the Chronic Pain Treatment Guidelines, 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 as chronic benzodiazepines are the treatment of choice in very few conditions and tolerance to hypnotic effects develops rapidly. Additionally, submitted reports have not demonstrated clear functional benefit of treatment already rendered. The Doral 15mg #30 is not medically necessary and appropriate.