

Case Number:	CM14-0008773		
Date Assigned:	02/12/2014	Date of Injury:	02/16/2012
Decision Date:	06/30/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/22/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient with a date of injury of 2/16/12. A utilization review determination dated 12/26/13 recommends non-certification of Quazepam as there was not a diagnosis of insomnia. 11/19/13 medical report identifies pain 10/10, recently increased significantly. Medications are less effective. Pain is in the low back on the left radiating down the hip/buttocks into the leg. There is also pain radiating down the inside of the right leg into the arch of the foot. On exam, there is positive SLR with decreased sensation L4 and L5, quadriceps weakness, and right knee reflexes 4/5. Quazepam was recommended at night to assist with sleep until she can receive an ESI and then it will be tapered off.

IMR ISSUES, DECISIONS AND RATIONALES

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

(RETRO DOS: 11/19/13) QUAZEPAM 15 MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Work Loss Data Institute.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. §§9792.20 - 9792.26 MTUS (Effective July 18, 2013). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Insomnia treatment

Decision rationale: Regarding the request for Quazepam 15 mg, Chronic Pain Medical Treatment Guidelines state the benzodiazepines are not recommended for long-term use and most guidelines limit their use to 4 weeks. Specific to their use for insomnia, ODG notes that pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance, as failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Within the documentation available for review, there is no clear indication of the nature of the patient's sleep complaint and careful evaluation of potential causes of the patient's sleep disturbance prior to consideration of pharmacological management. In light of the above issues, the currently requested Quazepam 15 mg is not medically necessary.