

Case Number:	CM14-0118308		
Date Assigned:	08/06/2014	Date of Injury:	07/11/1999
Decision Date:	09/26/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	07/28/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a male of unknown age with an injury date of 07/11/99. No treatment reports were provided; therefore, there are no subjective or objective observations or diagnoses. The utilization review dated 07/18/14 states the patient presents with bilateral hearing loss since the injury date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 0.5 mg, #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers Compensation, 2014 web-based edition; http://www.dir.ca.gov/t8/ch4_sb1a5_5_2.html.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The patient presents with bilateral hearing loss per the 07/18/14 utilization review. The treater requests for Alprazolam 0.5 mg, #120. The MTUS guidelines page 24 states, 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. In this case, the treater

provided no reports discussing how long this medication is to be used. There is no end-point discussed. The treater must indicate that this medication is to be used for a short-term. The MTUS guidelines page 8 require that the treater provide monitoring of the patient's progress and make appropriate recommendations. The request is not medically necessary.

Quetiapine Fumarate 100 mg, #30 with two refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers Compensation, 2014 web-based edition; http://www.dir.ca.gov/t8/ch4_sb1a5_5_2.html.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8.

Decision rationale: The patient presents with bilateral hearing loss per the 07/18/14 utilization review. The treater requests for Quetiapine Fumarate 100 mg #30 with 2 refills. The MTUS makes no reference to this medication. ODG classifies Quetiapine Fumarate (Seroquel) as an atypical antipsychotic. In this case, the treater provided no reports discussing a diagnosis or the efficacy or use of this medication. The MTUS guidelines page 8 require that the treater provide monitoring of the patient's progress and make appropriate recommendations. Recommendation is for denial.