

Case Number:	CM14-0125850		
Date Assigned:	09/26/2014	Date of Injury:	08/07/2000
Decision Date:	10/30/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	08/08/2014

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 Texas and Oklahoma. 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 injured worker is a 48-year-old male with a reported injury on 08/07/2000. The mechanism of injury was not provided. The injured worker's diagnoses include lumbar degenerative disc disease with associated facet arthropathy and foraminal stenosis both severe at L3-4 and L2-3, bilateral lower extremity radiculopathy, urologic incontinence, cervical spondylosis, reactionary depression anxiety, medication induced gastritis, and xerostomia with multiple caries secondary to chronic narcotic use. The injured worker's previous treatments included acupuncture, physical therapy, a home exercise program, medications, trigger point injections, a functional restoration program, orthotic shoe inserts, housekeeping services, an orthotic bed, and lumbar epidural steroid injections. The injured worker's previous diagnostic testing included multiple MRIs and electromyography (EMG)/nerve conduction velocity (NCV). No pertinent surgical history was provided. The injured worker was evaluated on 09/05/2014 for his complaints of low back pain with radicular symptoms to both lower extremities. The injured worker requested a refill of Doral 15 mg which enabled him to sleep for approximately 4 to 5 hours. The clinician observed and reported an antalgic gait favoring the left lower extremity. The injured worker had difficulty transitioning from a seated to a standing position with very poor sitting tolerance of around 5 minutes. The injured worker stood for most of the interview and evaluation. He did not appear to be overly medicated. The injured worker's medications included Norco 10/325 mg 8 tablets daily, Soma 350 mg 4 to 5 tablets daily, Anaprox DS 550 mg twice per day, Ativan 1 mg daily as needed, Prilosec 20 mg twice per day, and Cymbalta 60 mg once daily. The request is for retrospective request for Doral 15 mg #30 dispensed on 06/20/2014. No rationale for this request was provided on the authorization form. The authorization form was completed and submitted for review; however, the date had been whited out.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Doral 15 mg # 30, dispensed on 6/20/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Retrospective request for Doral 15 mg # 30, dispensed on 6/20/14 is not medically necessary. The injured worker did not have any complaints or diagnosis of insomnia. The California MTUS Chronic Pain Guidelines do not recommend benzodiazepines for long term use because long term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The injured worker's current medications included Ativan which is also a benzodiazepine. Doral is usually used for short term treatment of insomnia. The injured worker did not have a complaint or diagnosis of insomnia. Doral 15 mg was prescribed as early as 04/11/2014 indicating more than 4 weeks of use. Additionally, the request did not include a frequency of use. Therefore, the request for retrospective request for Doral 15 mg # 30 dispensed on 6/20/14 is not medically necessary.