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| Case Number: | CM14-0132169 | | |
| Date Assigned: | 08/22/2014 | Date of Injury: | 05/25/1990 |
| Decision Date: | 11/21/2014 | UR Denial Date: | 07/22/2014 |
| Priority: | Standard | Application Received: | 08/18/2014 |

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 Family 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 injured worker's date of injury is 05/25/1990. This patient receives treatment for chronic neck pain with headaches. The complains of pain radiating down the left arm. Medications include tylenol #4, gabapentin, and Doral. The patient has used a TENS unit. EMG shows and right C7 radiculopathy and a left ulnar neuropathy. Medical diagnoses include degenerative cervical disc disease, and left shoulder injury. An RMI of the cervical spine 01/21/2014 shows small disc bulge multilevel disc bulges.

IMR ISSUES, DECISIONS AND RATIONALES

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

Doral 15 mgs #30, Units requested: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines QUAZEPAM (DORAL).

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

Decision rationale: Doral is a benzodiazepine. Long-term benzodiazepine use is not recommended, because patients can become dependent and there is also evidence that tolerance develops rapidly. Most guidelines recommend treatment for less than 4 weeks. Doral is not medically indicated.

