

Case Number:	CM14-0146952		
Date Assigned:	09/15/2014	Date of Injury:	09/25/2011
Decision Date:	10/15/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/10/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 57-year-old male with a 9/25/11 date of injury. At the time (8/1/14) of request for authorization for Quazepam 15mg #301, there is documentation of subjective (neck pain radiating to the upper extremities and low back pain radiating to the lower extremities) and objective (cervical paravertebral muscle tenderness with spasm, positive axial compression test, positive Spurling's test, decreased cervical range of motion, radicular pain in a C4 dermatomal pattern; lumbar paravertebral muscle tenderness with spasms, decreased lumbar range of motion, and paresthesias in the L5 and S1 dermatomal regions) findings, current diagnoses (lumbosacral neuritis and cervicalgia), and treatment to date (ongoing therapy with Quazepam). There is no documentation of short-term (less than 4 weeks) treatment and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Quazepam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quazepam 15mg #301: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that benzodiazepines are not recommended for long-term and that most guidelines limit use to 4 weeks. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbosacral neuritis and cervicgia. However, given documentation of ongoing treatment with Quazepam, there is no documentation of short-term (less than 4 weeks) treatment. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of use of Quazepam. Therefore, based on guidelines and a review of the evidence, the request for Quazepam 15mg #301 is not medically necessary.