

Case Number:	CM14-0026223		
Date Assigned:	06/20/2014	Date of Injury:	01/04/2011
Decision Date:	09/17/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/28/2014

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 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:

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IMR ISSUES, DECISIONS AND RATIONALES

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

Doral 15 mg at bedtime # 30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Pain Chapter--insomnia and Zolpidem Medical Evidence: Benzodiazepines.

Decision rationale: The prescription for Doral 15 mg (Quazepam) qhs #30 is recommended only for the short term treatment of insomnia as an older sleeping medication. There are no

recommendations for the use of benzodiazepines for sleep aids as alternatives are readily available. The patient is being prescribed the Quazepam every night and is given a prescription to use it on a nightly basis. The patient has exceeded the recommended time period for the use of this short term sleep aide. The ACOEM Guidelines and the ODG do not recommend the use of benzodiazepines in the treatment of chronic pain and insomnia. The continued use of Doral is associated with tolerance and addictive behavior consistent with the class of benzodiazepines. The patient has been provided sufficient time to titrate off of the benzodiazepine but the same nightly dose is continued to be prescribed. There is no recommendation by the CA MTUS for the prescription of older benzodiazepines for the treatment of insomnia. The provider has not documented any conservative treatment for insomnia and the treatment of the stated insomnia has exceeded the time period recommended by the evidence based guidelines. The provider has not demonstrated a failure of the many sleep remedies available over the counter; therefore, this request is not medically necessary.