

Case Number:	CM14-0141550		
Date Assigned:	09/10/2014	Date of Injury:	01/08/1997
Decision Date:	01/02/2015	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/29/2014

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 New York. 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 is an individual who sustained a work related injury on January 8, 1997. The mechanism of injury was not provided. A progress note dated April 24, 2014 states that the injured worker complained of low back pain. Physical examination revealed a well healed lumbar incision with painful and tender hardware. Range of motion was completely limited. Bilateral straight leg raise was positive. There was diminished sensation in the lumbar five-sacral one distribution in the lower extremities. Diagnosis was status post lumbar surgery, no date provided. Work status was temporarily and totally disabled. A progress report which is not dated states the injured worker complained of back pain and gastrointestinal upset. The injured worker had been receiving pain management and had been instructed on a home exercise program. The treating physician requested a prescription of Oxazepam 10 mg # 60 to treat the injured workers irritable bowel syndrome. Utilization Review evaluated and denied the request for the medication on August 6, 2014. Utilization Review denied the request for Oxazepam 10 mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxazepam 10mg BID PRN #60: Upheld

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

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

Decision rationale: The request is not medically necessary. According to MTUS, benzodiazepines should not be used long-term; as they carry a risk of dependence. Most guidelines limit use to 4 weeks. Benzodiazepines are usually not the treatment of choice. This injured worker was prescribed Oxazepam for irritable bowel syndrome which it is not approved for. Therefore, the request is considered not medically necessary.