

Case Number:	CM14-0215279		
Date Assigned:	01/02/2015	Date of Injury:	12/11/2008
Decision Date:	03/12/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50-year-old male who reported an injury on 12/11/2008. The mechanism of injury was not specifically stated. The current diagnoses include osteoarthritis/osteochondral lesion/tear of the meniscus, chondromalacia patellar left knee, chronic recurrent cervical spine and lumbosacral spine sprain, and radiculopathy in the bilateral upper extremities and bilateral lower extremities. The injured worker presented on 10/15/2014 with complaints of persistent lower back pain, left knee pain, and right ankle pain. It is noted that the injured worker utilized a cane for ambulation assistance. Upon examination, there was a limping gait, 40 degrees flexion, 15 degrees side bending, positive straight leg raise, and sensory deficit in the L5-S1 distribution. Recommendations at that time included continuation of physical therapy and the current medication regimen. The Request for Authorization form was then submitted on 10/15/2014 for Tylenol No. 3, paroxetine 20 mg, ibuprofen 800, and quazepam 15 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quazepam 15 mg, thirty count: Upheld

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

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

Decision rationale: California MTUS Guidelines do not recommend long term use of benzodiazepines. Most guidelines limit the use to 4 weeks. Long term efficacy is unproven and there is a risk of dependence. According to the documentation provided, the injured worker has continuously utilized the above medication since at least 06/2014. Guidelines do not recommend long term use of benzodiazepines. Therefore, the current request is not medically appropriate. There is also no frequency listed in the request. Based on the clinical information received and the above mentioned guidelines, the request is not medically necessary in this case.