

Case Number:	CM14-0219122		
Date Assigned:	01/09/2015	Date of Injury:	01/15/2008
Decision Date:	03/09/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	12/31/2014

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

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 55 year-old female, who was injured on January 15, 2008, while performing regular work duties. She has a history of chronic back and left knee pain. The injured worker has received treatment including four left knee surgeries, medications, radiological imaging, a home exercise program, and lumbar epidural steroid injection. She has been using the prescribed Quazepam since at least December 3, 2014. The request is for Quazepam 15 mg, one (1) tablet every night, quantity #30, for the lumbar spine and left knee. The primary diagnosis is lumbar sprain, and insomnia from chronic pain. On December 19, 2014, Utilization Review non-certified the request for Quazepam 15 mg, one (1) tablet every night, quantity #30, for the lumbar spine and left knee, based on Chronic Pain Medical Treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quazepam 15mg one tablet every night #30 for the lumbar spine and left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004) and ODG

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Pain chapter online, Insomnia treatment

Decision rationale: According to the 12/19/14 Utilization Review letter, the quazepam 15mg qhs, #30, requested on the 12/13/14 medical report was denied because benzodiazepines are not recommended for long-term use. According to the 12/13/14 pain management report, the patient is a 54 year-old female with chronic back and left knee pain from a 1/15/08 industrial injury. Current pain was 9/10. She was having problems sleeping due to severe low back pain. Quazepam was initially prescribed for insomnia, 1 qhs, #30. MTUS Chronic Pain Medical Treatment Guidelines page 24 for Benzodiazepines states: Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. MTUS does not discuss insomnia treatment, therefore ODG guidelines were consulted. ODG-TWC guidelines, Pain chapter online, under "Insomnia treatment" states: Benzodiazepines are similar in efficacy to benzodiazepine-receptor agonists; however, the less desirable side-effect profile limits their use as a first-line agent, particularly for long-term use. The guideline states that the first-line medications for insomnia are the Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists) ODG also states Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. The documentation shows that first-line agents for insomnia treatment were not trialed before the benzodiazepine. ODG guidelines do not appear to recommend treatment for sleep disturbance over 10 days. The prescription was for a 30-day supply. The request is not in accordance with ODG guidelines. The request for: "Quazepam 15mg 1 tablet every night #30 for the lumbar spine and left knee" IS NOT medically necessary.