

<b>Case Number:</b>	CM15-0015688		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	02/07/2005
<b>Decision Date:</b>	03/26/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 sustained an industrial injury on February 7, 2005. The diagnoses have included cervical discectomy and fusion, cervical myoligamentous injury with disc protrusion, upper and lower extremity radiculopathy, lumbar sprain/strain and medication induced sexual dysfunction and gastritis. A progress note dated December 18, 2014 provides the injured worker continues to have post-operative pain from cervical procedure. Pain is rated 8/10. He also has low back pain radiating to both legs. It is noted he had a very successful lumbar epidural steroid injection in June of 2014. At the time of the visit back pain is rated 8/10. The injured worker uses a 4 wheeled walker due to recent increase in falls. On January 9, 2015 utilization review non-certified a request for Doral 15 mg QHS prn #30. The Medical Treatment Utilization Schedule (MTUS) guidelines were utilized in the determination. Application for independent medical review (IMR) is dated January 21, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Doral 15 mg QHS prn #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Health, Insomnia treatment

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

**Decision rationale:** According to MTUS guidelines, benzodiazepines are not recommended for long term use for pain management because of unproven long term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. There is no recent documentation of insomnia related to pain. Therefore the prescription of DORAL 15 MG QHS, #30 is not medically necessary.