

Case Number:	CM15-0126644		
Date Assigned:	07/13/2015	Date of Injury:	07/26/2013
Decision Date:	08/06/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/30/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 65 year old male who sustained an industrial injury on 07/26/13. Initial complaints and diagnoses are not available. Treatments to date include medications and steroid injection into the left shoulder. Diagnostic studies include MRIs of the bilateral shoulders and of the cervical and lumbar spines, as well as electrodiagnostic studies. Current complaints include pain in the bilateral shoulders. Current diagnoses include cervical and lumbar spine myoligamentous injury with bilateral upper extremity radicular symptoms, bilateral shoulder impingement syndrome, chronic bilateral thumb and wrist arthritis, bilateral plantar fasciitis, and medication induced gastritis. In a progress note dated 06/01/15, the treating provider reports the plan of care as Anaprox, Prilosec, and Doral, as well as trigger point injections on the date of service. The requested treatment includes Doral.

IMR ISSUES, DECISIONS AND RATIONALES

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

Doral tablet 15mg 1 by mouth at bedtime #30: Upheld

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

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

Decision rationale: The California chronic pain medical treatment guidelines section on benzodiazepines states: Benzodiazepines: 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005). The chronic long-term use of this class of medication is recommended in very few conditions per the California MTUS. There is no evidence however of failure of first line agent for the treatment of insomnia in the provided documentation. For this reason, the request is not medically necessary.