

<b>Case Number:</b>	CM15-0067225		
<b>Date Assigned:</b>	04/14/2015	<b>Date of Injury:</b>	08/07/2000
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2015

### 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 50 year old male who sustained an industrial injury on 8/7/00. He has reported initial complaints of lumbar/back injury with pain. The diagnoses have included intervertebral lumbar disc disorder with myelopathy, displacement of lumbar intervertebral disc without myelopathy and lumbar degenerative disc disease (DDD). Treatment to date has included medications, activity modifications, epidural steroid injection (ESI), physical therapy and conservative measures. The diagnostic testing that was performed included electro-myography (EMG) of the lower extremities, Magnetic Resonance Imaging (MRI) of the lumbar spine and labs. The current medications included Norco, Soma, Anaprox, Ativan, Prilosec, Cymbalta, and Doral. There was no previous urine drug screen noted. Currently, as per the physician progress note dated 2/19/15, the injured worker complains of ongoing pain in the low back radiating to the bilateral lower extremities. It was noted that he had lumbar epidural steroid injection (ESI) on 12/11/14, which provided 50 percent pain relief and only lasted 3 weeks. He states that he is ready to proceed with surgery. The objective findings exam of the posterior lumbar revealed tenderness bilaterally, increased muscle rigidity, decreased range of motion due to pain, straight leg raise was positive bilaterally causing radicular symptoms, and he had decreased sensation noted. It was noted that the injured worker was requesting Doral re-fill because it enables him to sleep for 4-5 hours at a time and without the medication he often develops flare-ups of his low back pain. The physician requested treatment included DORAL 15MG #30 for sleep and low back pain flare-ups.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**DORAL 15MG #30:** Upheld

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

**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 anxiety in the provided documentation. For this reason the request is not medically necessary.