

<b>Case Number:</b>	CM15-0068268		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	08/06/2004
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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 44 year old female, who sustained an industrial injury on 8/06/2004. Diagnoses include cervical degenerative disc disease with radiculopathy, lumbar myoligamentous injury with lower extremity radiculopathy left greater than right, reactionary depression/anxiety, medication induced gastritis with chronic constipation and breast cancer receiving chemotherapy. Treatment to date has included surgical intervention (ulnar nerve transposition x 2 and bilateral shoulder arthroscopic surgeries, undated), diagnostics, medications, cervical epidural injections and trigger point injections. Per the Primary Treating Physician's Progress Report dated 3/04/2015, the injured worker reported persistent neck pain that radiates down the left upper extremity along with a tingling and numbness sensation to the 4th and 5th digits. Pain is rated as 8/10. She also reported lower back pain with radicular symptoms into the lower extremities, left significantly greater than right. Physical examination of the cervical spine revealed tenderness to palpation of the posterior musculature, trapezius, medial scapular and sub-occipital region. There were multiple trigger points and taut bands palpated throughout. There was reduced range of motion in all planes. Lumbar spine examination revealed tenderness to palpation about the paravertebral musculature and sciatic notch region with trigger points and taut bands with tenderness to palpation noted throughout. There was reduced range of motion in all planes. The plan of care included diagnostics and medications and authorization was requested for Doral 15mg #30, Ultracet 37.5/325mg #90, Anaprox DS 550mg #60, Prilosec 20mg #60, Neurontin 600mg #90, Norco 10/325mg #120.

## 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 Benzodiazepines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 22.

**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 certified.