MAXIMUS Federal Services

Case Number:	CM15-0074889		
Date Assigned:	04/24/2015	Date of Injury:	07/27/2012
Decision Date:	05/28/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/20/2015

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: 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 38 year old male with an industrial injury dated July 27, 2012. The injured worker's diagnoses include lumbar spine sprain/strain, muscle spasms, radiculopathy, sciatica, paresthesia, myalgia/myositis and antalgic gait. Treatment consisted of prescribed medications, hot packs, modified work restrictions and periodic follow up visits. In a progress note dated 10/3/2013, the injured worker reported pain in lower back. Objective findings revealed pain, tenderness, and swelling. Lumbar exam revealed pain and spasms of lumbar spine with decreased range of motion. The treating physician prescribed a retrospective request for Quazepam 15mg #60 dispensed on 10/3/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Quazepam 15mg #60: 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 based on Non-MTUS Citation Official Disability Guidelines Pain chapter, Insomnia treatment.

Decision rationale: This patient presents with chronic low back pain that radiates into the lower extremities. The Request for Authorization is not provided in the medical file. The current request is for QUAZEPAM 15MG #60. Treatment consisted of prescribed medications, hot packs, and modified work restrictions. The patient is currently working modified duty. 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. This patient reported insomnia and the Quazepam 15mg #60 was dispensed. The documentation does not show that first-line agents for insomnia treatment were trialed before initiating a benzodiazepine. Furthermore, ODG guidelines regarding benzo-diazepines do not recommend treatment for sleep disturbance over 10 days. The prescription was for a 60-day supply. The request is not in accordance with ODG guidelines. The request for Quazepam IS NOT medically necessary.