

<b>Case Number:</b>	CM14-0133554		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	08/11/2000
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	08/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2014

### 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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant is a 66-years old male who sustained an industrial injury on 08/11/2000. The mechanism of injury was not submitted for review. His diagnoses include thoracic sprain, thoracic disc bulges most significant at T7-T8, status post anterior cervical discectomy and fusion at C5-C6 and C6-C7, and cervicogenic headaches. He continues to complain of thoracic back pain and headaches. On physical exam there is pain to palpation of the thoracic spine paravertebral muscles without any motor or sensory deficits on neurological exam. Treatment in addition to surgery has included medical therapy with narcotics, physical therapy, chiropractic therapy, acupuncture, epidural steroid injection therapy and thoracic facet Rhizotomy. The treating provider has requested Doral 15mg # 30, and Prilosec 20mg # 60.

### 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 Chronic Pain Medical Treatment Guidelines, Ongoing management.

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

**Decision rationale:** Quazepam (marketed under brand names Doral, Dormalin) is a benzodiazepine derivative drug developed by the ██████████ in the 1970s. Quazepam is indicated for the treatment of insomnia including sleep induction and sleep maintenance. Quazepam induces impairment of motor function and has hypnotic and anticonvulsant properties with less overdose potential than other benzodiazepines. Quazepam is an effective hypnotic which induces and maintains sleep without disruption of the sleep architecture. [5] Quazepam is a trifluoroethyl type of benzodiazepine. Quazepam is unique amongst benzodiazepines in that it selectively targets the GABAA a1 sub unit receptors which are responsible for inducing sleep. Its mechanism of action is very similar to Zolpidem and zaleplon in its pharmacology and can successfully substitute for zolpidem and zaleplon in animal studies. Per California MTUS Guidelines, benzodiazepines are not recommended for long-term use for the treatment of chronic pain because long-term efficacy is unproven and there is a risk of dependency. Most guidelines limit use to four weeks. In addition, benzodiazepines are not recommended for individuals on high dose opioids due to concerns including respiratory depression, overdose, and tolerance. Per the documentation the patient is maintained on Norco 4 pills per day. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

**Prilosec 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 79-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

**Decision rationale:** Per California MTUS 2009 proton pump inhibitors are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. There is no documentation indicating the patient has any symptoms or GI risk factors. GI risk factors include: age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants or high dose/multiple NSAID. The claimant had a history of medication induced gastritis but no documented ongoing GI issues. Based on the available information provided for review, the medical necessity for Prilosec has not been established. The requested medication is not medically necessary.