

Case Number:	CM14-0001614		
Date Assigned:	01/22/2014	Date of Injury:	12/12/2012
Decision Date:	11/02/2015	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/06/2014

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. 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: Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 62 year old female who reported an injury on 12/12/2012, due to a slip and fall. The clinical note dated 10/21/2013 presented a constant burning pain to her left achilles tendon, and difficulty ascending and descending from the stairs due to pain. Upon physical exam, the range of motion values for the left ankle included 30 degrees plantar flexion, and 15 degrees inversion. The injured workers diagnoses included a healed medial malleolar fracture and a achilles tendon tear. The provider recommended Strazepam #90. The request for authorization form was dated 12/02/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Strazepam #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: The request for Strazepam #90 is non-certified. The California MTUS guidelines do not recommended the use of Strazepam 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. The included medical documents do not provide a rationale for the use of Strazepam for this injured worker. The physician did not indicate the requested dose for this medication. Therefore, the request is not medically necessary.