

Case Number:	CM13-0042328		
Date Assigned:	12/27/2013	Date of Injury:	06/29/2003
Decision Date:	04/23/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/30/2013

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, has a subspecialty in Pulmonary Diseases and is licensed to practice in California. 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 patient is a 62-year-old male who reported an injury on 06/29/2003, after he was struck by a tow bar and reportedly sustained an injury to his right ankle. The patient ultimately developed chronic regional pain syndrome type I of the lower extremity. The patient's most recent clinical examination findings documented that the patient had severe left foot pain and swelling that interferes with his ability to ambulate. The patient's chronic pain was managed with medications to include Norco, Avinza, and Restoril. The patient's treatment plan included continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION OF RESTORIL 30MG WITH TWO REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Insomnia Treatments

Decision rationale: 1 prescription of Restoril 30 mg with 2 refills is not medically necessary or appropriate. The Official Disability Guidelines do not recommend the use of Restoril for an extended treatment duration for insomnia related to the chronic pain. The clinical documentation submitted for review does indicate that the patient has been using this medication since at least 12/2012. The clinical documentation submitted for review does not provide any evidence of exceptional factors to support extending treatment beyond guideline recommendations. As Official Disability Guidelines limit the use of this medication to 3 to 4 weeks, and there is no documentation to extend treatment beyond that recommendation, continued use would not be supported. As such, the requested 1 prescription of Restoril 30 mg with 2 refills is not medically necessary or appropriate.