

Case Number:	CM13-0042966		
Date Assigned:	12/27/2013	Date of Injury:	07/14/2011
Decision Date:	08/15/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/22/2013

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 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 54-year-old male with a 7/14/11 date of injury, when he was operating a light rail vehicle, which collided with a 15 passenger. He has undergone lumbar fusion, however continues to have low back pain. Left leg radiculopathy has subsided. Gabapentin is utilized for radiculopathic symptoms. The 7/29/13 progress note by [REDACTED] described current medications include Gabapentin, Ibuprofen, Nortriptyline, Omeprazole, and Ultram. The 9/27/13 progress note described increased leg cramps that is not relieved by Flexeril. Flexeril was replaced by Restoril.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICATION X 1: RESTORIL 7.5MG 1 TAB PO QHS #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES.

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

Decision rationale: Restoril obtained an adverse determination, as the 9/27/13 note stated that Flexeril was being replaced by Restoril, as Flexeril was not efficacious. However, Restoril is a benzodiazepine and Flexeril is a muscle relaxant. Guidelines recommend Restoril for short-term

treatment of insomnia, however there are no documented complaints of sleep difficulties. Off label use for leg cramps is not supported by guideline criteria. Therefore, the request is not medically necessary.