

Case Number:	CM13-0059800		
Date Assigned:	12/30/2013	Date of Injury:	04/26/1999
Decision Date:	05/05/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/02/2013

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, chronic low back pain, and bilateral upper extremity pain reportedly associated with an industrial injury of April 26, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; anxiolytic medications; attorney representation; and transfer of care to and from various providers in various specialties. In a Utilization Review Report of November 13, 2013, the claims administrator denied a request for Restoril. The applicant's attorney subsequently appealed. A clinical progress note of October 28, 2013 is sparse, notable for ongoing complaints of neck and upper extremity pain. The applicant is given diagnoses of lumbar radiculitis, sprain of lumbar region, and cervical radiculitis. Prescriptions for Vicodin and Restoril are seemingly endorsed. The applicant is returned to work with restrictions. However, it does not appear that the applicant is working with said limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

RESTORIL 30MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (2009)..

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

Decision rationale: As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines such as Restoril are not recommended for chronic or long-term use purposes, for pain, anxiety, anticonvulsant effect, or muscle relaxant effect. A more appropriate choice for long-term use is an antidepressant, the MTUS notes. In this case, the attending provider has not furnished any narrative rationale or commentary along with the progress note in question so as to try to offset the unfavorable MTUS recommendation. Therefore, the request remains non-certified, on Independent Medical Review.