

Case Number:	CM14-0004720		
Date Assigned:	01/22/2014	Date of Injury:	04/26/1999
Decision Date:	06/10/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/10/2014

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 Physical Medicine & Rehabilitation 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 underlying date of injury in this case is 03/26/1999. The primary diagnosis is lumbar sprain. Additional diagnoses including lumbosacral neuritis, cervical radiculitis, and ulnar neuritis. The patient is additionally status post amputation of all but the base of the left middle finger. This patient has been prescribed Restoril since 02/27/2013. Multiple prior physician reviews have recommended weaning of this medication since at least April 2013. On 12/09/2013, a PR-2 report from the primary treating physician reported the patient had pain worse in cold weather with persistent neck pain and left upper extremity pain and low back pain. The patient was diagnosed with a lumbar sprain, lumbosacral neuritis, and cervical radiculopathy/ulnar neuritis. The patient's medications were renewed including Restoril 20, #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR (1) PRESCRIPTION OF RESTORIL 30 MG # 30:

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

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on benzodiazepines, page 24, states that benzodiazepines are not recommended for chronic use. The medical records do not provide a rationale to support benefit or indication for chronic benzodiazepine use despite multiple physician recommendations for non-certification in the past. Therefore, the request for 1 prescription of Restoril 30mg #30 is not medically necessary and appropriate.