

Case Number:	CM14-0009175		
Date Assigned:	02/14/2014	Date of Injury:	06/12/2002
Decision Date:	06/24/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/23/2014

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 Psychiatry, 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:

56 y/o male with date of injury 6/12/2002. Date of UR decision was 12/27/2013. Mechanism of injury was a fall that resulted in injuries, chronic pain PR from 12/13/2013 suggests that IW has been frustrated due to change in lifestyle since injury, has crying spells, takes medications off and on. Gets irritable when pain medications run out. Psychotropic medications being prescribed are Wellbutrin XL 150 mg, provigil 200 mg, cymbalta 60 mg, restoril 25 mg, ambien CR 12.5 mg. PR from 11/15/2013, reports that the IW had been angry about having problems getting medications authorized. The IW has been receiving psychotherapy per PR from 10/18/2013. Report from 9/30/2013 suggests that the IW has been seeing a psychologist once a month. Reports moderate to severe depression and sleep problems. States he gets 45 mins to an hour of consistent sleep every night and gets awakened by pain  

IMR ISSUES, DECISIONS AND RATIONALES

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

RESTORIL 25MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, BENZODIAZEPINES, 24

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

Decision rationale: MTUS states "Benzodiazepines are not recommended 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. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been receiving for longer than 4 weeks as suggested by the guidelines. The medical necessity of restoril 25 mg #30 cannot be established since MTUS does not recommend use of benzodiazepines for chronic use because of risk of dependence, development of tolerance to the effect of the medication etc.