

Case Number:	CM14-0100169		
Date Assigned:	07/28/2014	Date of Injury:	07/29/2003
Decision Date:	10/02/2014	UR Denial Date:	06/14/2014
Priority:	Standard	Application Received:	06/30/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 52 year-old individual was reportedly injured on 7/29/2003. The mechanism of injury is not listed. The most recent progress note, dated 6/3/2014. Indicates that there are ongoing complaints of chronic low back pain. Lumbar spine: The physical examination demonstrated lumbar spine: positive tenderness to palpation in the low back. Range of motion forward flexion 35, hyper extension 10, right and left lateral bend 15, positive sciatic notch tenderness. Positive bilateral straight leg raise both sitting and lying down. Abnormal heel/toe walk. Antalgic gait. Positive spasm noted right lumbar spine. Decreased muscle strength bilateral lower extremities. Decreased sensation to light touch L4-5 bilaterally and S-1 on the right. Reflexes 2+ knee, 1+ ankle bilaterally. No recent diagnostic studies are available for review. Previous treatment includes lumbar surgery, medications, and conservative treatment. A request had been made for Restoril 30 mg #30 with 2 refills, and was not certified in the pre-authorization process on 6/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril 30mg #30 with 2 refills: Upheld

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

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

Decision rationale: Benzodiazepines such as Restoril 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. After review the medical records provided there was no justification for the continued use of this medication, therefore it is deemed not medically necessary.