

Case Number:	CM14-0109586		
Date Assigned:	08/01/2014	Date of Injury:	06/09/2005
Decision Date:	10/28/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/15/2014

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 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:

Patient is a 67-year-old male who has submitted a claim for Post-laminectomy syndrome, lumbar region, status post L1-2 and L2-3 fusion with removal of the instrumentation and posterior and transforaminal L2-5 fusion with instrumentation (undated); status post L5 corpectomy with Strut graft from L4-S1 (04/03/13); status post evacuation of an epidural hematoma (04/06/13); status post anterior retroperitoneal dissection of L4-S1 for anterior L5 corpectomy with bone graft placement (02/13/14); acquired spondylolisthesis; Chronic pain syndrome; contracture of lower leg joint; Lumbago; DVT, s/p IVC filter placement (02/16/14); Major depressive disorder, single episode, moderate; and, Open fracture of unspecified part of radius with non-union of fracture, associated with an industrial injury date of 06/09/05. Medical records from January to June 2014 were reviewed. Patient apparently sustained an injury while working in his capacity as a banquet cook supervisor when a food cart weighting about 250lbs got caught on an open drain and started to fall back on him. He attempted to stop the fall with his right knee, which immediately swelled and became painful. He also developed pain in his lower back. He subsequently underwent 3 surgeries for his right knee (not documented) and 2 surgeries for his back. Despite all the surgeries, patient had persistence of back pain and right knee pain as well as development of extreme weakness of his left leg. Patient likewise complains of difficulty sleeping, of about four hours a night, with nightmares, poor memory, concentration problems, anxiety, irritability and fatigue. 06/27/14 progress report notes that patient had complaints of low back pain radiating to the left hip and anterior thigh graded 9/10 in severity as well as a right knee pain, graded 8/10 in severity. Patient reports that he can tolerate exercising and continues to utilize the LSO and right knee brace, despite the right knee brace being too large. He also reports that his back pain is slowly improving post-surgery as well as his right leg pain and strength slowly improving as well. On physical examination, patient presents in a wheelchair, with noted tenderness over the

midline lower lumbar spine over the sacroiliac joint and left sciatic notch with noted restriction in ROM. Motor examination likewise showed weakness at the left lower extremity, sensory examination showed decreased sensation over the left L3-S1 dermatome distribution and DTR were absent for both lower extremities. Plans were to begin manual stretching technique, for bilateral AFO, for hinged left knee brace, physical therapy, transportation to and from therapy, to continue medications and to start on Restoril. Patient is still TTD as of latest progress report. Treatment to date has included physical therapy, bracing, surgery and medications (Prilosec, Percocet, Clonazepam, Fluoxetine, Topiramate and Robaxin since at least 02/07/14; Lyrica since at least 03/21/14; and, Oxycodone since at least 05/12/14). Utilization review date of 07/09/14 denied the request for Restoril because there was no indication that patient had failed non-pharmacological sleep hygiene techniques prior to prescribing Restoril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril 30 mg 1 tab PO Q HS: 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 Chapter, Insomnia Treatment

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Insomnia medications

Decision rationale: According to page 24 of CA MTUS Chronic Pain Medical Treatment Guidelines, 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. According to the ODG, Restoril is one of the FDA-approved benzodiazepines for sleep maintenance insomnia. These medications are only recommended for short-term use due to risk of tolerance, dependence, and adverse events (daytime drowsiness, anterograde amnesia, next-day sedation, impaired cognition, impaired psychomotor function, and rebound insomnia). These drugs have been associated with sleep-related activities such as sleep driving, cooking and eating food, and making phone calls (all while asleep). In this case, patient was prescribed Restoril to address patient's ongoing sleep difficulty. However, there was no mention whether patient have already started the medication in any more recent progress report. There was no mention of any non-pharmacologic management to address patient's sleep difficulty. Patient was not diagnosed with insomnia, and reports suggest that difficulty sleeping is a result of the pain he feels. Intake of this drug will put the patient in unnecessary risk of side effects. Functional benefits from its use were not discussed and the medical necessity has not been established. Likewise, there was no mention of the total number of tablets or number of refills to be dispensed. Therefore, the request for Restoril 30 mg 1 tab PO Q HS is not medically necessary.