

Case Number:	CM14-0115758		
Date Assigned:	08/04/2014	Date of Injury:	06/03/2002
Decision Date:	09/11/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/23/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Georgia and 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 injured worker is a 54 year old female who had a work-related injury on 06/03/02. Mechanism of injury not documented. The injured worker has been treated with analgesic medications and muscle relaxants. Most recent medical record submitted for review is 06/11/14. The injured worker stated that she is able to walk without assistive devices. The injured worker is currently receiving radiation for her brain cancer. The injured worker has poor appetite, weight loss, has blurred vision, and episodes of severe headaches. The injured worker still complains of chronic, constant neck and arm pain, numbness of the whole left arm and hands on and off now more frequent. The injured worker reported increased pain, burning sensation, "hands go to sleep", right greater than left. Physical examination revealed hands, fingers, and toes movement unremarkable; tender to palpation cervical and lumbar paraspinal muscles; poor tolerance to range of motion maneuvers; straight leg raise aggravates back pain; no clonus; Babinski's is negative. Prior utilization review was on 07/15/14 and was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril 30 mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 124.

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

Decision rationale: As noted on page 24 of the Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use due to lack of proven efficacy with prolonged use and the 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. The patient has exceeded the 4 week treatment window. As such, the request for Restoril 30 mg, #30 is not medically necessary and appropriate.