MAXIMUS Federal Services

Case Number:	CM14-0154134		
Date Assigned:	10/03/2014	Date of Injury:	04/18/2001
Decision Date:	10/29/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/22/2014

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 Emergency Medicine 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 patient has a reported date of injury on 4/18/2001. No mechanism of injury was provided for review. Patient has a diagnosis of lower extremity radiculopathy, L3-4 adjacent segment degeneration, and L sacroiliac joint dysfunction and post L4-S1 fusion in 2001. Medical reports reviewed and last report available until 8/21/14. Patient was being assessed and reports improvement in back pain after steroid injection and complaints of low back and R lower extremity pain 10/10 improving to 4/10 with medications. Objective exam reveals normal gait, well healed lumbar incision, tenderness to paraspinal muscles, normal sensation, motor strength. Restoril was requested for sleep disturbance due to pain. MRI of lumbar spine (12/13/12) revealed pedicle screws at L4 and S1, inter body fusion at L4-5 and L5-S1. Disc degeneration and collapse at L3-4. Medications include Norco, Protonix, Anaprox, Zanaflex, Atenolol, Cymbalta, Restoril and Simvastatin. Urine Drug Screen (4/21/14) was positive for hydrocodone, acetaminophen and ethanol. Independent Medical Review is for Restoril 20mg #30.Prior UR on 9/4/14 recommended non-certification for Restoril and approved walker.

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 Chronic Pain Treatment Guidelines Benzodiazepine Section. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) CHRONIC PAIN, INSOMNIA

Decision rationale: MTUS Chronic pain and ACOEM guidelines do not have any direct assessment of Restoril for insomnia due to pain. Restoril is a benzodiazepine used for insomnia. As per ODG guidelines, it recommends treatment of underlying cause of sleep disturbance and recommend short course of treatment. Patient has been on Restoril chronically at least a year. There is no documentation of other conservative attempts at treatment of sleep disturbance or sleep studies. Patient's sleep problem is noted to be due to pain which should be the primary target for treatment to improve patient's sleep. 30 tablets are not appropriate for short term use as per ODG Guidelines. The chronic use of Restoril is not medically necessary.