

Case Number:	CM14-0021230		
Date Assigned:	05/07/2014	Date of Injury:	01/27/2000
Decision Date:	07/09/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/20/2014

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 Orthopedic Surgery, has a subspecialty in Orthopedic Sports Medicine and is licensed to practice in Texas. 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 48 year old female who reported an injury to her cervical region in January, 2001. The clinical note dated 06/07/13 indicates the injured worker having previously undergone a C5-6 ACDF. The note indicates the injured worker continuing with the use of medications as well as a home exercise program to address the residual complaints. The clinical note dated 09/03/13 indicates the injured worker continuing with 5/10 pain. The injured worker also reported low back pain with radiating pain into the left hip and left leg all the way to the foot. The note does indicate the injured worker also complaining of cervical pain radiating into the mid back and bilateral shoulders. The note indicates the injured worker utilizing Restoril, Oxycontin, Norco, and Valium at that time. The operative report dated 06/03/13 indicates the injured worker undergoing a selective nerve root block on the left at L4-5. The clinical note dated 10/24/13 indicates the injured worker demonstrating significant range of motion deficits throughout the right shoulder. This included 70 degrees of flexion, 0 degrees of extension, 70 degrees of abduction, 5 degrees of adduction, 20 degrees of internal rotation, and 0 degrees of external rotation. The injured worker was able to demonstrate 5/5 strength throughout the entire shoulder. The utilization review dated 07/11/13 resulted in a denial for the use of Restoril as the medication had been prescribed for a long term chronic basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

RESTORIL 15 MG #60: Upheld

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

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

Decision rationale: As noted in the 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. Studies have shown that tolerance to hypnotic effects develops rapidly and tolerance to anxiolytic effects occurs within months. It has been found that long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. As such the request for Restoril 15 MG cannot be recommended as medically necessary at this time.