

Case Number:	CM14-0027043		
Date Assigned:	06/13/2014	Date of Injury:	09/27/2002
Decision Date:	08/13/2014	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	03/03/2014

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 Surgeon 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 injured worker is a 63-year-old female who reported a repetitive lifting injury on 09/27/2010. She reported sustaining neck, back, and hip injuries, which were progressive in nature. In an office visit on 04/24/2014, it was noted that she was recovering and doing well from total hip replacement surgery of 02/04/2014. She no longer was utilizing a wheelchair for ambulation, but did use a cane when her pain was increased or if she was walking a long distance. It was further noted that she continued to improve since the L3-4 fusion and bone graft of 06/06/2013. Her diagnoses included lumbar radiculopathy, cervical radiculopathy, insomnia due to chronic pain, secondary depression due to chronic pain, secondary left knee sprain, and bilateral hip pain. Her treatment plan included continued Restoril 15 mg every night at bedtime, for sleep difficulty, due to chronic pain. On 06/26/2013, her diagnoses were virtually the same. There was no request for authorization or rationale included within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

RESTORIL 15 MG #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, PAIN (CHRONIC).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Medical Treatment Utilization Schedule (MTUS), 2009, Benzodiazepines, page 24 Page(s): 24.

Decision rationale: The California MTUS Guidelines do not recommend Benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The 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. The submitted documentation notes the use of Restoril from 06/26/2013 through 04/24/2014. That period of time exceeds the recommended time frame in the guidelines. Additionally, there was no frequency included with the request. The efficacy of the medication was not documented to support continuation. Therefore, Restoril 15mg #90 is not medically necessary.