

Case Number:	CM14-0031275		
Date Assigned:	04/09/2014	Date of Injury:	06/07/2006
Decision Date:	05/28/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	02/03/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Arizona. 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 is a 40-year-old female with a date of injury on 6/07/2006. The injured worker has a complicated history. The patient suffered injuries in 2006 when she fell off the chair. Since then, she has complained of shoulder and neck pain and has undergone C5-6 disc arthroplasty as well as fusion. She has very complicated medical history. It consists of morbid obesity, diabetes, sleep apnea, insomnia, asthma and multiple gastrointestinal problems. She also suffers from hyperventilation syndrome. There is prior history of benzodiazepine withdrawal syndrome. The patient has been on numerous medications including Cymbalta, Trazodone, Ambien, Restoril, Clonazepam, muscle relaxants and several other medications. Request was for continuation of the Restoril 30 mg at night; the medical reviewer did not certify the need for this drug.

IMR ISSUES, DECISIONS AND RATIONALES

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

RESTORIL 30MG CAP 1 PO QHS #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The Official disability guidelines in the benzodiazepine section state the following related to benzodiazepine use, "Not recommended for long-term use. Long-term efficacy is unproven and there is risk of psychological and physical dependence or frank addiction. Most guidelines limit the use to 4 weeks. Tolerance to hypnotic effects developed rapidly within days." In this case, the patient has very poor health with numerous medical problems. She has history of benzodiazepine withdrawal in the past along with significant depression. The patient is also taking several other sedatives including Ambien, Trazodone and muscle relaxants. Therefore, the request for Restoril 30 mg CAP 1 PO QHS #30 is not medically necessary and appropriate.