

Case Number:	CM14-0036134		
Date Assigned:	06/23/2014	Date of Injury:	08/24/2011
Decision Date:	08/07/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	03/24/2014

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 Family Medicine 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 48-year-old male with a date of injury on 5/12/2012. The diagnoses include chronic lumbar sprain/strain, and bilateral shoulder repetitive sprain/strain. Subjective complaints are of pain in the lumbar spine, bilateral shoulders, bilateral wrists and hands. The pain is noted to cause sleeping difficulties. Physical exam showed decreased range of motion in the lumbar spine, tenderness to palpation, and a positive Kemp's test. The shoulders have bilateral limited and painful range of motion. Neurovascular status was intact. The medications include tramadol and Restoril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril 15mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Insomnia treatment.

Decision rationale: The CA MTUS guidelines do not recommend anxiolytics as first line therapy for stress-related conditions as they can lead to dependence and do not alter stressors or

the individual's coping mechanisms. Benzodiazepines in particular are not recommended for long-term use because long-term efficacy is unproven. Most guidelines limit use to 4 weeks, due to dependence and tolerance that can occur within weeks. The Official Disability Guidelines (ODG) states that benzodiazepines for insomnia are only recommended for short-term use due to risk of tolerance, dependence, and adverse events. In this case, this patient has been utilizing Restoril on a chronic basis. Therefore, the medical necessity of Restoril is not established. The request is not certified.