MAXIMUS Federal Services

Case Number:	CM14-0055038		
Date Assigned:	07/07/2014	Date of Injury:	05/15/1987
Decision Date:	08/07/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/24/2014

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 Internal Medicine and Pulmonary Diseases and is licensed to practice in California, Florida and New York. 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 71-year-old female who reported an injury on 07/21/1987. The mechanism of injury was noted to be the injured worker being struck on the face by a car door. The injured worker's prior treatments were noted to be pain medication, transcutaneous electrical nerve stimulation, physical therapy, nerve blocks, biofeedback, psychotherapy, and injections. The injured worker's diagnoses were noted to be unspecified myalgia and myositis and reflex sympathetic dystrophy. The injured worker's documentation provides a physician's progress report dated 06/17/2014. The subjective complaints include the injured worker complaining of spasms in her jaw, pain due to implants in jaw. The injured worker notes pain is 10/10 on a 0 to 10 pain scale. The objective findings include the injured worker is asymmetrical in face, with increase in size on right side due to swelling. The injured worker is tender to touch on right cheek, and has limited range of motion of her mouth and jaw. The treatment plan includes continuing with medications such a MS Contin, Percocet, Soma, Restoril, increasing Xanax, and protein powder to enhance nutritional status. The provider's rationale for the requested medication was provided within the documentation dated 06/17/2014. The request for authorization of medical treatment was included within the documentation submitted for review. This request is dated 06/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril 30mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24, 66.

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

Decision rationale: The request for Restoril 30 mg #30 is non-certified. The California MTUS Chronic Pain Medical Treatment 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. Benzodiazepines have a range of action that includes sedative/hypnotic, anxiolytic, anticonvulsants, and muscle relaxant actions. 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. A more appropriate treatment for anxiety disorder is an antidepressant. The injured worker does not seem to have any efficacy reported with use of Restoril. The guidelines indicate Restoril for short-term use and the records submitted for review indicate the injured worker has been using Restoril since at least 2004. In addition, the request for Restoril fails to indicate a frequency. Therefore, the request for Restoril 30 mg #30 is not medically necessary.