

Case Number:	CM14-0084178		
Date Assigned:	07/21/2014	Date of Injury:	07/01/2001
Decision Date:	08/26/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/05/2014

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, has a subspecialty in Pain Medicine, 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 56-year-old individual with an original date of injury of July 1, 2001. The injured worker sustained injuries to the bilateral lower extremities. The diagnoses include reflex sympathetic dystrophy, spasm of muscle, pain in joint involving lower leg, and restless leg syndrome. A utilization review had denied the disputed requests of MS Contin and Restoril. The rationale stated for the denial of the MS Contin was that there was no documentation of ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. With regard to the Restoril, the submitted medical records do not indicate that the patient has difficulty in staying asleep related to chronic pain issues. Furthermore, the reviewer cited that the guidelines rarely recommend sleeping pills over long-term use.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin ER 15mg, 1 tablet TID for 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-78, 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 76-80.

Decision rationale: According to the documentation of a progress note on date of service March 10, 2014, the injured worker has lower extremity pain and symptoms are relieved by Opiate Analgesics. There is similar documentation in notes in April and May 2014. However there is no commentary on functional benefit and I do not see any random urine drug testing in the available notes. Given this, this request is not medically necessary.

Restoril 15mg, 1 capsule at bedtime for 30 days: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia Section.

Decision rationale: The California Medical Treatment and Utilization Schedule and ACOEM do not specifically address Restoril. Therefore the Official Disability Guidelines are utilized which have guidelines regarding the use of pharmacologic agents to address insomnia. In the Official Disability Guidelines Chronic Pain Chapter the following is specified: Recommend that treatment be based on the etiology, with the medications recommended below. See Insomnia. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Given this lack of documentation, this request is not medically necessary.