

Case Number:	CM14-0093522		
Date Assigned:	07/25/2014	Date of Injury:	07/29/2013
Decision Date:	10/28/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/19/2014

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 35-year-old male who reported an injury on 07/29/2013. The mechanism of injury reportedly occurred while he was pushing a heavy object when he began having pain in his neck, back, right shoulder, and right elbow. His diagnoses were right shoulder pain, neck pain, and low back pain. His previous treatment included physical therapy and chiropractic treatment. The injured worker had an MRI of the right shoulder and an electrodiagnostic study. It was noted that the injured worker had no significant past surgical history. On 05/09/2014, the injured worker reported difficulty sleeping at night, secondary to pain. He also reported neck pain, right shoulder pain, right elbow pain, and right wrist pain. The physical examination revealed tenderness in the midline of the cervical spine and tenderness of the midline of the lower lumbar spine. The range of motion of the cervical spine was reduced with respect to extension. His medications were noted as Percocet 5/325 mg and Restoril 15 mg. The treatment plan was for Restoril 30 count. The rationale for the request was not provided. The Request for Authorization form was submitted on 05/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24, 124.

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

Decision rationale: Based on the clinical information submitted for review, the request for Restoril #30 is not medically necessary. As stated in the California MTUS Guidelines, benzodiazepines are not recommended for long term use because long term effectiveness is unproven and there is a risk for dependence. Chronic benzodiazepines are the treatment of choice in very conditions and most guidelines limit use for up to 4 weeks. The injured worker complained of neck and upper extremity pain and reported that it was relieved with rest. He also reported that he had difficulty sleeping at night, secondary to pain. The guidelines indicate that benzodiazepines are not recommended for use of more than 4 weeks due to a risk of dependence, which it was noted that the injured worker was taking the medication for at least 1 month. Furthermore, the request failed to provide the frequency and the dose of medication as prescribed. As such, the request for Restoril #30 is not medically necessary.