

Case Number:	CM13-0058171		
Date Assigned:	12/30/2013	Date of Injury:	09/04/2010
Decision Date:	01/26/2015	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/26/2013

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 Rehab, has a subspecialty in Interventional spine 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 patient is a 63 year old male with an injury date of 09/04/10. Based on 10/15/13 progress report, the patient is status post total left shoulder replacement on 08/31/11. Currently, the patient complains of pain and limited range of motion in the left shoulder which has worsened since the surgery. He also presents with neck pain and left upper back pain. The pain is rated at 7/10. The patient also suffers from insomnia secondary to chronic pain and has headaches five to six times per week. The shoulder pain interferes significantly with activities of daily living as well. Physical examination reveals spasms in the left paracervical muscles along with a limited range of motion that is 70 - 80% of the normal. Palpation of the parathoracic muscles also revealed spasms and tenderness from T1 to T5 on the left side. In progress report dated 09/12/13, the patient states that the left upper extremity trembles and shakes upon use. The patient has received chiropractic treatment, as per progress report dated 09/12/13. The patient is taking Diclofenac ad Halcyon while the treater is requesting for Tramadol, Restoril, and Omeprazole, as per progress report dated 08/28/13. The patient is off work, as per progress report dated 09/12/13. MRI of the Left Shoulder, 04/30/10, as per progress report dated 10/15/13:- Advanced degenerative disease with almost total cartilage loss of glenohumeral joint as well as partial thickness rotator cuff tear and tendinopathy of biceps tendon. Diagnoses, 10/15/13:- Status post left shoulder hemi-replacement surgery on 08/31/11- Left shoulder impingement- Cervicothoracic strain- Insomnia- Secondary depression due to chronic pain The treater is requesting for RESTORIL 30 mg. The utilization review determination being challenged is dated 11/05/13. The rationale was "Continued use of Restoril for sleep is not medically indicated or supported by the guidelines." Treatment reports were provided from 04/11/13 - 10/15/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril 30mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The patient is status post total left shoulder replacement on 08/31/11, and currently complains of pain and limited range of motion in the left shoulder, rated at 7/10, along with neck and left upper back pain, as per progress report dated 10/15/13. The request is for Restoril 30 mg. The patient has also been diagnosed with insomnia secondary to the chronic pain. ODG guidelines, chapter 'Pain (chronic)' and topic 'Benzodiazepine', have the following regarding insomnia treatments: "Not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks." The MTUS Guidelines page 24 states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." In this case, the first request for Restoril appears in progress report dated 06/17/13 and is seen consistently since then. The treater requested to "continue to authorize Restoril.." for sleep issues related to the pain. The patient clearly has sleep issues. However, the treater does not indicate the number of pills and the planned duration of usage in the request. A review of the available progress reports suggests that the patient has been using the medication for several months. Both MTUS and ODG guidelines do not support the long-term use of benzodiazepine. This request IS NOT medically necessary.