

Case Number:	CM14-0050467		
Date Assigned:	06/25/2014	Date of Injury:	04/30/1997
Decision Date:	01/31/2015	UR Denial Date:	03/11/2014
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 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 74-year-old female with a date of injury of 04/30/1997. According to progress report dated 02/11/2014, the patient presents with continued bilateral knee pain. She states that her right knee pain is more severe than the left, and she rates the pain as 5/10 on a pain scale. Examination of the bilateral knee revealed patellar tracking is abnormal and patellar grind maneuver is positive. A popliteal cyst is present and hamstring tenderness was noted. On palpation, there is severe tenderness in the mediolateral aspects of the bilateral knees. There is effusion and swelling noted. McMurray's, drawer's, Lachman's instability, varus-valgus stress test are all positive. The listed diagnoses are: 1. Somatoform pain disorder. 2. Cervical C6-C7 discopathy. 3. Status post posterior lumbar interbody fusion. 4. Fibromyalgia. 5. Possible plantar fasciitis, nonindustrial. 6. Possible calcaneal spur, nonindustrial. 7. Left knee osteoarthritis. 8. Status post right knee arthroscopy, 06/29/2013. 9. Bilateral knee arthrosis. Treatment plan is for the patient to continue with physical therapy and the medication Restoril 30 mg #30 for sleep. The utilization review denied the request on 03/11/2014. Treatment reports from 10/08/2013 through 02/11/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril 30 mg 1 PO QHS PRN #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG Pain Chapter, Benzodiazepines

Decision rationale: This patient presents with continued bilateral knee pain. The current request is for Restoril 30 mg 1 p.o. q.h.s. p.r.n. #30. The ODG Guidelines has the following regarding insomnia treatments: "Benzodiazepines: temazepam (Restoril) is FDA-approved for sleep onset insomnia. These medications are only recommended for short-term use due to risk of tolerance, dependence, and adverse events. Particular concern is noted for patients at risk for abuse or addiction. Benzodiazepines are similar in efficacy to benzodiazepine-receptor antagonists; however, the less desirable side-effect profile limits their use as a first-line agent particularly for long-term use." The medical records indicate the patient has been utilizing Restoril since at least 10/08/2013. Although the patient does suffer from insomnia and the treating physician has noted that this medication assists with patient's sleep disturbances, recommendation cannot be made as Restoril is not recommended for long-term use. The requested medication is not medically necessary.