

Case Number:	CM14-0083256		
Date Assigned:	07/21/2014	Date of Injury:	09/25/2009
Decision Date:	01/27/2015	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/04/2014

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 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:

This is a 54-year-old female with a 9/25/09 date of injury. The injury occurred when she was unpacking boxes and 2 other boxes, weighing 30 to 40 pounds, fell from the top and struck her on the left shoulder. According to a progress report dated 5/8/14, the patient reported her cervical spine pain as a 10/10 that radiated down to the left hand with numbness, as well as her left shoulder with a pain level of 2/10. Her medication regimen consisted of Vicodin, Zanaflex, Restoril, and Elavil. She reported improvement in her pain level from a 10/10 to a 9/10 after taking medications. Objective findings: limited range of motion of cervical spine, tenderness to palpation noted over the trapezius and paravertebrals bilaterally, decreased range of motion of left shoulder, Neer's and Hawkins impingement tests were positive, neurovascular status was intact distally. Diagnostic impression: left shoulder rotator cuff syndrome, left shoulder adhesive capsulitis, cervical disc herniation, chronic cervical strain, anxiety. Treatment to date: medication management, activity modification, physical therapy, home exercise program, surgery, TENS unit. A UR decision dated 5/20/14 denied the request for Restoril. In this case, the records suggest that this individual has been on Restoril for some time and given the recommendations against long-term use, the medication cannot be recommended as certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril 15mg #30, take 1-2 tablets po (by mouth) qd (every day) 4/5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Benzodiazepines Page(s): 24.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. 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. However, according to the medical records provided for review, this patient has been taking Restoril since at least 1/9/14, if not earlier. Guidelines do not support the long-term use of benzodiazepines. In addition, it is noted that this patient is also taking Percocet. Guidelines do not support the concurrent use of opioids and benzodiazepines due to the risk of adverse effects, such as sedation. Therefore, the request for Restoril 15mg #30, take 1-2 tablets po (by mouth) qd (every day) 4/5 was not medically necessary.