

Case Number:	CM15-0007550		
Date Assigned:	01/22/2015	Date of Injury:	06/15/2009
Decision Date:	03/24/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/13/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54-year-old male who reported an injury on 06/15/2009. The mechanism of injury was a fall. His past treatments have included physical therapy, medications, chiropractic visits, a knee brace, use of a TENS unit, aquatic therapy, modified activity, and home exercise. Surgical history includes a 3 level discectomy and fusion of the lumbar spine in 2013. The injured worker has been using Restoril at bedtime since at least 03/20/2014. At his followup visit on 12/04/2014, the injured worker's symptoms were noted to include low back and right leg pain. He rated his pain 8/10 to 9/10 without medications and 6/10 with medications. Physical examination revealed decreased range of motion and neurological deficits relating to the lower extremities. His diagnoses were listed to include lumbar discogenic disease, postlaminectomy syndrome, right L4 radiculopathy, and symptomatic hardware. His medications were noted to include Norco 10/325 mg 4 times a day for moderate to severe pain, Restoril 30 mg at bedtime for sleep, and Viagra 100 mg 1 hour prior to intercourse as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril 30mg at bedtime Qty: 30 (Rx 12/30/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Insomnia Treatment, Benzodiazepines

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

Decision rationale: According to the California MTUS Guidelines, benzodiazepines are not recommended for long term use as long term efficacy is unproven. There is a significant risk of dependence, abuse, and adverse side effects. The guidelines specifically state use should be limited to 4 weeks. Additionally, the Official Disability Guidelines state Restoril is an FDA approved benzodiazepine for sleep maintenance insomnia. The guidelines also state these are only recommended for short term use due to risk of tolerance, dependence, and adverse effects. The clinical documentation submitted for review indicated that the injured worker was utilizing Restoril at bedtime for sleep; however, clear documentation regarding whether he suffers from sleep maintenance insomnia was not provided. There was also no documentation indicating that this medication had been effective in helping him sleep. Moreover, he has been taking this medication since at least 03/202014, which far exceeds the guideline recommendation to limit use to 4 weeks. For these reasons, the request is not medically necessary.