

Case Number:	CM15-0100898		
Date Assigned:	07/14/2015	Date of Injury:	10/08/1999
Decision Date:	09/04/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	05/26/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal Medicine

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 61 year old male, who sustained an industrial injury on 10/08/1999. He has reported subsequent ankle and foot pain and was diagnosed with complex regional pain syndrome, failed hammertoe surgery on 2nd-5th toes, mid-foot arthrosis and pain in joint of ankle and foot. The injured worker was also diagnosed with depression. Treatment to date has included medication and surgery. The injured worker underwent right third toe amputation on 01/29/2015. The documentation shows that Restoril was prescribed to the injured worker since at least 01/06/2015 as needed for insomnia. At this time, the injured worker was noted to sleep only 3-4 hours at night and to remain irritable due to sleep deprivation on a prolonged basis. The subsequent progress notes do not document the status of the injured worker's sleep issues other than to say he was experiencing insomnia. In a psychiatric progress note dated 04/30/2015, the injured worker was noted to have reactive depression, anxiety, insomnia and chronic feelings of despair. The injured worker was noted to hardly be able to ambulate half a block and had to sit down due to severe pain in the right foot. Work status remained temporarily totally disabled. A request for authorization of Restoril 30 mg #14 was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril 30mg #14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

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

Decision rationale: As per CA MTUS guidelines, benzodiazepines are not recommended for long term use due to unproven efficacy and risk of dependence with most guidelines limiting use to 4 weeks. As per ODG, Temazepam (Restoril) is not recommended and "adults who use hypnotics, including benzodiazepines such as Temazepam, have a greater than 3-fold increased risk for early death, according to results of a large matched cohort survival analysis. The risks associated with hypnotics outweigh any benefits of hypnotics, according to the authors." The documentation shows that the injured worker was prescribed Temazepam for insomnia since at least 01/06/2015. There was no documentation of any significant symptom reduction or objective functional improvement with the use of this medication. There was no change in work status and the most recent psychiatric progress notes do not discuss the effectiveness of Restoril or the status of the injured worker's sleep issues. In addition, guidelines do not recommend benzodiazepines for long term use and specifically do not recommend Restoril due to risks associated with use. Therefore, the request for Restoril is not medically necessary.