

Case Number:	CM15-0131678		
Date Assigned:	07/17/2015	Date of Injury:	10/14/2009
Decision Date:	08/14/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/07/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 66 year old man sustained an industrial injury on 10/14/2009. The mechanism of injury is not detailed. Diagnoses included right knee degenerative joint disease, recurrent lumbar disc herniation, complex regional pain syndrome of the bilateral lower extremities, lumbar radiculopathy, and bilateral foot drop. Comorbid conditions included obesity (BMI 34.9). Evaluations included right ankle x-rays dated 1/21/2015, right knee x-rays dated 1/21/2015, right hip x-rays dated 1/21/2015, right foot x-rays dated 1/21/2015, lumbar spine x-rays dated 2/4/2015, lumbar spine MRI dated 3/24/2015, and right ankle MRI dated 3/24/2015. Treatment has included surgery, physical therapy, home exercise program and medications. Physician notes dated 5/11/2015 showed complaints of mid to low back pain with radiation to the buttocks as well as bilateral shin, calf, and ankle pain. The worker rated his pain at 4/10 with medications and 6/10 without medications. Recommendations include Norco, Restoril, Viagra, and follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril 30mg 1 tablet by mouth every night at bedtime as needed, #30 with 5 refills:

Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1) Schutte-Rodin S, et al. Clinical Guideline for the Evaluation and Management of Chronic Insomnia in Adults. J Clin Sleep Med 2008; 4(5):487-5042) American Psychiatric Association Practice Guideline for the Treatment of Patients with Major Depressive Disorder, Third Edition, originally published in October 2010.

Decision rationale: Temazepam (Restoril) is an intermediate-acting hypnotic of the benzodiazepine class of psychoactive medication. It is indicated for short-term (usually about two to six weeks) treatment of insomnia. It is very effective in initiating sleep but has the drawback of causing abnormal sleep patterns. Insomnia is defined by the American Academy of Sleep Medicine (AASM) as the subjective perception of difficulty with sleep initiation, duration, consolidation, or quality that occurs despite adequate opportunity for sleep, and that results in some form of daytime impairment. It is the most prevalent sleep disorder in the general population. It requires a full work-up to understand its etiology and to direct therapy. The AASM guideline recommends any pharmacologic treatment for chronic insomnia be accompanied by cognitive and behavioral treatments. Additionally, it recommends use of benzodiazepines or GABA receptor agonist medications being used short term followed by other sedating agents such as sedating antidepressants and atypical antipsychotics. The American Psychiatric Association guidelines note less evidence available to support treating insomnia in a depressed patient with a selective GABA agonist. This patient has been taking Restoril regularly for longer than 6 months. There is no documentation of ongoing insomnia or daytime sleepiness. There is also no documentation of a full evaluation for the etiology for chronic insomnia being done. The request for continued use of this medication is not medically necessary and has not been established.