

<b>Case Number:</b>	CM15-0136252		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	10/08/1999
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	06/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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 61 year old male, who sustained an industrial injury on 10/08/1999. The medical records submitted for this review did not include documentation regarding the initial injury or prior treatments to date. Diagnoses include Complex Regional Pain Syndrome (CRPS), failed hammertoe surgery, major depressions, and pain in joint ankle/foot; status posts multiple right foot surgeries with placement of hardware. Currently, he complained of ongoing pain in the foot, depressions and anxiety secondary to the current deteriorating medical condition. On 5/28/15, the physical examination documented reactive depressions and anxiety due to increased pain and sympathetic dystrophy syndrome and the deterioration of the right foot. The plan of care included Restoril 30mg #14; and Lactulose 30cc.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Insomnia Treatment.

**Decision rationale:** The MTUS is silent on the treatment of insomnia. With regard to insomnia treatment, the ODG guidelines state "Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopicolone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substance, which means they have potential for abuse and dependency. Although direct comparisons between benzodiazepines and the non-benzodiazepine hypnotics have not been studied, it appears that the non-benzodiazepines have similar efficacy to the benzodiazepines with fewer side effects and short duration of action." Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. (Lexi-Comp, 2008) Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. With regard to medication history, the injured worker has been using this medication since 1/2015. The documentation submitted for review does not provide information regarding sleep onset, sleep maintenance, sleep quality or next day functioning to support the medical necessity of a sleep aid. The request is not medically necessary. It should be noted that the UR physician has certified a modification of the request for #8.

**Lactulose 30cc:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Opioid induced constipation treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

**Decision rationale:** Per MTUS CPMTG, when initiating opioid therapy, prophylactic treatment of constipation should be initiated. Specifically regarding treatment, per ODG: First-line: When prescribing an opioid, and especially if it will be needed for more than a few days, there should be an open discussion with the patient that this medication may be constipating, and the first steps should be identified to correct this. Simple treatments include increasing physical activity, maintaining appropriate hydration by drinking enough water, and advising the patient to follow a proper diet, rich in fiber. These can reduce the chance and severity of opioid-induced constipation and constipation in general. In addition, some laxatives may help to stimulate gastric motility. Other over-the-counter medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool. The latest documentation submitted for review did not note constipation as a current complaint. Furthermore, as the requested opiate therapy was not medically necessary, prophylactic treatment of constipation is not medically necessary.

