

Case Number:	CM15-0137582		
Date Assigned:	07/27/2015	Date of Injury:	05/06/2010
Decision Date:	09/24/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/16/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 49 year old female patient, who sustained an industrial injury on May 6, 2010. She sustained the injury due to fall. The diagnoses include cervical discopathy with disc displacement, lumbar discopathy with disc displacement and left shoulder impingement syndrome. She reported left shoulder pain, lumbar spine pain, bilateral sacroiliac pain, pain radiating to the left lower extremity with tingling and numbness and neck pain. Per the doctor's note dated 6/19/2015, she had complains of continued left shoulder pain, lumbar spine pain, bilateral sacroiliac pain, pain radiating to the left lower extremity with tingling and numbness and neck pain. The physical examination revealed decreased range of motion in the cervical and lumbar spine, tenderness in bilateral hips and positive left sided Spurling's sign, Neer's, Hawkins', O'Brien's, Fabere and Patrick's tests. Per the doctor's note dated April 7, 2015, she had continued pain with radicular symptoms to the left lower extremity. She reported her pain as constant and rated it at 6 on a 1-10 scale with 10 being the worst however depending on the activity noted the pain could be 7-8 out of 10 with 10 being the worst. It was noted she had little benefit with previous epidural steroid injections. It was noted, three years after the injury, symptoms were worsening. She reported sleep disruptions secondary to numbness and pain in the left upper extremity. The medications list includes fexmid, nalfon, prilosec, norco, ultram and compound cream. Patient was prescribed restoril. She has had left shoulder MRI on 4/18/14, lumbar and cervical MRI on 4/7/2014. She has had physical therapy, lumbar epidural steroid injections, sacroiliac injections, medications and work restrictions. Restoril was recommended for sleep. 30 Capsules of Restoril 30mg were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Capsules of Restoril 30mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines page 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness & Stress (updated 08/31/15) Benzodiazepine.

Decision rationale: 30 Capsules of Restoril 30mg. Restoril contains temazepam which is a benzodiazepine, an anti-anxiety drug. According to MTUS guidelines Benzodiazepines 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety." In addition per the cited guidelines "Recent research: Use of benzodiazepines to treat insomnia or anxiety may increase the risk for Alzheimer's disease (AD). A case-control study of nearly 9000 older individuals showed that risk for AD was increased by 43% to 51% in those who had ever used benzodiazepines in the previous 5 years. The association was even stronger in participants who had been prescribed benzodiazepines for 6 months or longer and in those who used long-acting versions of the medications. (Billioti, 2014) Despite inherent risks and questionable efficacy, long-term use of benzodiazepines increases with age, and almost all benzodiazepine prescriptions were from non-psychiatrist prescribers. Physicians should be cognizant of the legal liability risk associated with inappropriate benzodiazepine prescription. Benzodiazepines are little better than placebo when used for the treatment of chronic insomnia and anxiety, the main indications for their use. After an initial improvement, the effect wears off and tends to disappear. When patients try to discontinue use, they experience withdrawal insomnia and anxiety, so that after only a few weeks of treatment, patients are actually worse off than before they started, and these drugs are far from safe. (Olfson, 2015)" Prolonged use of anxiolytic may lead to dependence and does not alter stressors or the individual's coping mechanisms and is therefore not recommended. Detailed history of insomnia and anxiety since date of injury is not specified in the records provided. Response to other measures for the treatment of insomnia/anxiety is not specified in the records provided. The medical necessity of 30 Capsules of Restoril 30mg is not fully established for this patient.