

Case Number:	CM15-0144448		
Date Assigned:	08/05/2015	Date of Injury:	02/14/2003
Decision Date:	09/02/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/24/2015

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: North Carolina
 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:

The injured worker is a 49 year old male, who sustained an industrial injury on February 14, 2003. He reported gradual onset of neck, upper back, low back, right elbow, right wrist and bilateral knee pain. The injured worker was diagnosed as having a lumbar disc herniation requiring surgery. Treatment to date has included CT scan, medication, psychotherapy, x-rays, MRI, surgery, chiropractic care, pulmonary care, acupuncture therapy, physical therapy, and lumbar epidural injections. Currently, the injured worker complains of depression, lack of motivation, sleep disturbance, decreased energy, difficulty thinking, pessimism, low self-esteem, weight loss, anxiety, excessive worry, restlessness, pressure, tension, agitation, headaches, muscle tension and stomach upset. The injured worker is currently diagnosed with depressive disorder (not otherwise specified), anxiety and psychological factors affecting medical condition. A note dated February 4, 2105, states the injured worker's medication regimen is orchestrated to augment each other, and provide relief from his symptoms of depression and anxiety. A note dated April 3, 2015 states the injured worker did not experience therapeutic efficacy from physical therapy or lumbar epidural injections. The following medication, Restoril 15, mg #60 is requested to improve sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril 15mg #60: Upheld

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

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

Decision rationale: The California chronic pain medical treatment guidelines section on benzodiazepines states: Benzodiazepines. 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. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005). The chronic long-term use of this class of medication is recommended in very few conditions per the California MTUS. There is no evidence however of failure of first line agent for the treatment of anxiety or insomnia in the provided documentation. For this reason, the request is not certified. Therefore, the requested treatment is not medically necessary.