

Case Number:	CM15-0163764		
Date Assigned:	09/01/2015	Date of Injury:	11/26/2011
Decision Date:	10/06/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/20/2015

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: Physical Medicine & Rehabilitation

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 44 year old male with an industrial injury dated 11-26-2011. His diagnoses included cervical 5-6 disc degeneration with mild foraminal stenosis, right cervical radiculopathy, chronic intractable pain and status post right shoulder arthroscopy with acromioplasty and distal clavicle resection. Prior treatment included physical therapy and medications. He presented on 08-07-2015 with complaints of neck pain radiating to the base of the skull and down the right upper extremity rated as 9 out of 10 without medications and 7 out of 10 with medications. Physical exam revealed evidence of tenderness over the right TMJ and occipital nerve. There was decreased sensation over the right cervical 6 and right cervical 8 dermatome distributions. The provider documents EMG dated 07-12-2012 showed acute right cervical 5, cervical 6 and cervical 7 and left cervical 5 and cervical 6 radiculopathy. His current medications included Viibryd, Protonix, Restoril, Anaprox DS, and Tylenol with Codeine # 3, Lisinopril, Neurontin and Zoloft. The treatment request is for Restoril 30 mg #30 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril 30 mg #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

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

Decision rationale: The patient presents on 08/07/15 with neck pain which radiates into the base of the skull and into the right upper extremity. The pain is rated 7/10 with medications, 9/10 without. The patient's date of injury is 11/26/11. Patient is status post right shoulder arthroscopy with acromioplasty and distal clavicle resection. The request is for RESTORIL 30MG #30 WITH 3 REFILLS. The RFA is dated 08/07/15. Physical examination dated 08/07/15 reveals tenderness to palpation over the right TMJ and occipital nerve, with decreased sensation noted in the right C6-C8 dermatomal distributions. The patient is currently prescribed Viibryd, Protonix, Restoril, Anaprox, Lisinopril, Tylenol 3, Neurontin, and Zoloft. Patient is currently classified as permanent and stationary and advised to return to work with modified duties. MTUS Guidelines, Benzodiazepines section, page 24 states: 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. In regard to the request for the continuation of Restoril for this patient's anxiety, the duration of therapy exceeds guideline recommendations. This patient has been prescribed Restoril since at least 02/25/15. While this patient presents with significant chronic pain and surgical history, the requested 30 tablet prescription with 3 refills, in addition to prior use does not imply short duration therapy. Such a long course of treatment with Benzodiazepines carries a risk of dependence and loss of efficacy, and is not supported by guidelines. Therefore, the request IS NOT medically necessary.