

Case Number:	CM15-0186496		
Date Assigned:	09/28/2015	Date of Injury:	03/08/2004
Decision Date:	11/03/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/22/2015

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: Pennsylvania

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 65 year old male, who sustained an industrial injury on 3-8-2004. Medical records indicate that the injured worker is undergoing treatment for lumbago, lumbar spinal stenosis, cervical spondylosis of the back unspecified and cervicgia. The injured workers current work status was not identified. On (8-11-15) the injured worker complained of neck pain, which radiated to the shoulders and increasing lower back pain. The injured workers neck pain was rated 8-9 out of 10 and the low back pain 10 out of 10 on the visual analogue scale. Examination of the lumbar spine revealed tenderness to palpation over the paraspinal muscles. Range of motion was decreased and painful. Right shoulder examination revealed tenderness to palpation and a decreased range of motion. Documented treatment and evaluation to date has included medications and a lumbar injection. Current medications include Norco, Flexeril, Motrin and Ambien. The injured worker has been prescribed Restoril 15 mg #30 due to Ambien being denied. The injured worker has been prescribed a hypnotic medication since at least April of 2015. There is lack of documentation of sleep difficulties in the medical records and no mention of a sleep diary or sleep hygiene education. The request for authorization dated 8-28-15 requested Restoril 15 mg # 30 with no refills. The Utilization Review documentation dated 9-8-15 non-certified the request for Restoril 15 mg # 30 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril 15mg, #30 with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/insomnia treatment.

Decision rationale: The indication for Restoril is not clear from the documentation. The progress note plan indicates that Restoril is being prescribed in place of Ambien. However there is no diagnosis of insomnia nor do the recent progress notes discuss sleep disturbance or an adequate evaluation of insomnia if present. According to the ODG, pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. There is no documentation in the record of evaluation of this worker's insomnia such as possible contributing factors including caffeine, timing of medications, etc. Restoril is FDA approved for sleep maintenance but not for sleep onset insomnia. There is insufficient documentation in regards to insomnia, therefore Restoril is not necessary or appropriate.