

Case Number:	CM15-0190874		
Date Assigned:	10/05/2015	Date of Injury:	08/06/2013
Decision Date:	11/10/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	09/28/2015

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 8-6-13. The medical records indicate that he is being treated for cervical strain-sprain with complaint of radiculitis; status post total right knee replacement (8-3-15); degenerative disc disease of the neck. He currently (9-16-15) was present for follow-up to knee surgery and needed refill on all medication. The 9-11-15 agreed medical exam indicates that he has burning neck pain with pins and needles to the head, left shoulder and back with numbness in the left hand; pain traveling down the right leg with stabbing pain in the right knee. His pain level was 5 out of 10 at rest and 9 out of 10 with activity. He indicates that his ability to sleep is severely limited due to pain. He uses a cane for ambulation. The 2-10-15 note indicated that his current symptoms (neck pain) interferes with sleep and Restoril helps the best of all medications he's tried (prior medications were not listed). He has been on Restoril since at least 2-10-15. Non-pharmacologic methods of sleep induction were not present. He is being treated with physical therapy; medications: Restoril, Flexeril, Norco; cervical epidural steroid injection; right knee replacement; home exercise program. The request for authorization dated 9-18-15 was for Restoril 30mg #30. On 9-28-15 Utilization Review non-certified the request for Restoril 30mg #30 and modified the request to #25.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril 30mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

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 all failure of first line agent for the treatment of anxiety or Insomnia in the provided documentation. For this reason the request is not medically necessary.