

Case Number:	CM15-0191280		
Date Assigned:	10/05/2015	Date of Injury:	06/18/2010
Decision Date:	11/10/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	09/29/2015

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: Arizona, 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 59 year old male with a date of injury on 6-18-10. A review of the medical records indicates that the injured worker is undergoing treatment for neck, low back and right knee pain. Progress report dated 9-9-15 reports continued complaints of right knee pain rated 7 out of 10. Neck pain is rated 8 out of 10 and is unbearable without medication. His low back pain is rated is rated 9 out of 10 and is unbearable without medication. With pain medication, his pain is decreased by 75% and his is more functional. Restoril helps him to sleep. Objective findings include: cervical spine pain that radiates into the left upper extremity across the C6 distribution. Lumbar spine reveals low back pain that radiates across the left S1 distribution with a positive straight leg raise at 70 degrees. He has continued lower back pain across the lower back with pain that radiates across the left S1 distribution. He has continued pain across the right knee. EMG and nerve conduction study dated 8-3-15 reveals a slight degree of left median sensory neuropathy at or distal to the wrist line. Treatments include: medication, physical therapy, bracing, home exercise program, Request for authorization dated 9-9-15 was made for Restoril 30 mg quantity 30. Utilization review dated 9-23-15 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril 30 MG Qty 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 64.

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes: sedation, anxiolytic, and anticonvulsant and muscle relaxant. Restoril is a Benzodiazepine used as a sleep agent. The claimant had previously been on Valium for several months and recently on Restoril (both of which are Benzodiazepines). In addition, the sleep disorder was not defined nor failure in behavioral interventions. Long-term use is not recommended and continued use of Restoril is not medically necessary.