

Case Number:	CM15-0195326		
Date Assigned:	10/09/2015	Date of Injury:	08/14/2008
Decision Date:	11/25/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/05/2015

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 49 year old male who sustained an industrial injury on August 14, 2008. A primary treating office visit dated April 20, 2015 reported present subjective complaint of "lower back pain which radiates into the bilateral lower extremities." Current medications included: Norco, Anaprox, Restoril, and Xanax. The assessment found: cervical stenosis C2-C6; cervical displacement C4-5 and C5-6; anxiety; lumbar radiculopathy; sleep disorder; chronic intractable pain; moderate left carpal tunnel and left cubital tunnel syndromes; right upper extremity intermittent radiculopathy, and status post anterior posterior lumbar fusion with TDA at L4-5. There is recommendation to continue with conservative care; prescribing Norco, and random urine toxicology. Primary follow up dated June 09, 2015 reported continued complaint of low back pain that radiates into bilateral lower extremities; neck pain with numbness in the left upper extremity. Current medications consisted of Norco, Anaprox, Restoril, and Xanax. At primary follow up August 10, 2015, the medication regimen listed: Norco, Anaprox, Restoril, and Xanax. On September 21, 2015, a request was made for Restoril 30mg #30 with 5 refills that was denied by utilization Review on September 28, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril 30mg, 5 refills, per 8/10/15 order qty 30.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, under Insomnia treatment Pain (Chronic) Chapter, under Benzodiazepines.

Decision rationale: The patient presents with neck, low back, and bilateral leg pain. The request is for Restoril 30mg, 5 refills, per 8/10/15 order QTY 30.00. The request for authorization is not provided. The patient is status post anterior posterior fusion L5-S1 with TDA at L4-L5, 01/13/11. Patient's diagnoses include cervical stenosis; cervical disc displacement; anxiety; lumbar radiculopathy; sleep disorder; chronic intractable pain; moderate left carpal tunnel syndrome; moderate left cubital tunnel syndrome; right upper extremity radiculopathy, intermittent. Physical examination of the lumbar spine reveals there is no palpable tenderness of the paravertebral muscles or sacroiliac joints. No tenderness over the sciatic notches, the flanks, or the coccyx. Sensory exam reveals sensation is intact in the bilateral extremities. Straight leg raise is negative bilaterally. Patient's medications include Norco, Anaprox, Restoril, and Xanax. Per progress report dated 08/10/15, the patient is permanent and stationary. ODG-TWC Guidelines, Pain (Chronic) Chapter, under Insomnia treatment Section states, "FDA-approved benzodiazepines for sleep maintenance insomnia include temazepam (Restoril). These medications are only recommended for short-term use due to risk of tolerance, dependence, and adverse events. Particular concern is noted for patients at risk for abuse or addiction. Benzodiazepines are similar in efficacy to benzodiazepine-receptor agonists; however, the less desirable side-effect profile limits their use as a first-line agent, particularly for long-term use." ODG-TWC Guidelines, Pain (Chronic) Chapter, under Benzodiazepines Section states, "Not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks." Treater does not specifically discuss this medication. Review of provided medical records show the patient was prescribed Restoril on 04/20/15. However, ODG only recommends benzodiazepines for short-term use, limited to 4 weeks, due to risk of tolerance, dependence, adverse events and side-effect profile. In this case, the request for Restoril Qty 30.00 with 5 Refills does not indicate short term use and exceeds what is recommended by ODG guidelines. Therefore, the request IS NOT medically necessary.