

<b>Case Number:</b>	CM15-0200652		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	12/08/2004
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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 53-year-old female who sustained an industrial injury on 12-8-2004. Diagnoses have included traumatic brain injury and headaches. Some provided notes are illegible and undated. Treatment identified has included physical therapy and various medications including Butrans, Norco, Aricept, Buprenorphine, and Adderall. Recent note dated 9-22-2015 states that the injured worker is working the night shift and "hardly sleeping." Request is for Restoril 30 mg, #30, and Prevacid 30 mg, #30. There is a urine drug screen provided dated 3-23-2015. Restoril has been prescribed since at least the 4-20-2015 note and at that time it was stated Restoril was "for sleep and it worked." The treating physician's plan of care includes a request submitted on 9-23-2015 for Restoril 30 mg #30, and Prevacid 30 mg #30. Documentation does not provide detail on rationale for Prevacid or length of time on the medication. Both were non-certified on 9-30-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Restoril 30mg 1 PO QHS #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head; <http://www.drugs.com/pro/savella.html>.

**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 head injury, back pain and neck pain. The request is for Restoril 30mg 1 PO QHS #30. The request for authorization is not provided. Patient's assessment includes chronic intractable pain syndrome; cervical and lumbar pain (DJD); anxiety. Physical examination reveals increased muscle tone in the bilateral shoulders, but no spasm. There are some paresthesias down her right arm. Patient's work status is not provided. 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. Provided progress reports are handwritten and mostly illegible. Review of provided medical records show the patient was prescribed Restoril on 03/23/15 over 6 months to the UR date of 09/30/15. 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 #30 does not indicate short term use and exceeds what is recommended by ODG guidelines. Therefore, the request is not medically necessary.

**Prevacid 30mg 1 PO QHS #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** The patient presents with head injury, back pain and neck pain. The request is for Prevacid 30mg 1 PO QHS #30. The request for authorization is not provided. Patient's assessment includes chronic intractable pain syndrome; cervical and lumbar pain (DJD); anxiety. Physical examination reveals increased muscle tone in the bilateral shoulders, but no spasm. There are some paresthesias down her right arm. Patient's work status is not provided. MTUS Guidelines, NSAIDs, GI symptoms & cardiovascular risk Section, page 69, under Treatment of dyspepsia secondary to NSAID therapy states: "Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI... PPI's are also allowed for prophylactic use along with NSAIDs, with proper GI assessment, such as age greater than 65,

concurrent use of oral anticoagulants, ASA, high dose of NSAIDs, or history of peptic ulcer disease, etc." Treater does not specifically discuss this medication. Provided progress reports are handwritten and mostly illegible. Review of provided medical records show the patient was prescribed Prevacid on 06/17/15. In this case, progress reports are illegible and unable to determine if patient is taking any NSAIDs. Nevertheless, treater has not documented GI assessment to warrant a prophylactic use of a PPI. Furthermore, treater has not indicated how the patient is doing, what gastric complaints there are, and why he needs to continue. Therefore, given lack of documentation as required by guidelines, the request is not medically necessary.