

Case Number:	CM15-0201590		
Date Assigned:	10/16/2015	Date of Injury:	04/19/2002
Decision Date:	12/02/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	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: Texas, 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:

The injured worker is a 53 year old female who sustained an industrial injury 04-19-02. A review of the medical records reveals the injured worker is undergoing treatment for low back pain, depressive disorder, lumbar disc displacement, lumbar radiculopathy, and insomnia. Medical records (09-15-15) reveal the injured worker complains of chronic low back pain, insomnia for more than 90 days, stable gait. The physical exam (09-15-15) reveals paralumbar tenderness to palpation bilaterally, atrophy in the quadriceps, and limited lumbar spine range of motion due to pain. The patient had decreased sensation in lower extremity, positive SLR and 5/5 strength. The patient has had history of foot drop, muscle spasm, paresthesias and weakness in lower extremity and unstable gait. A recent detailed psychiatric examination was not specified in the records provided. Prior treatment includes medications including Restoril, Roxicodone, amitriptyline, and Zantac. The patient was taking muscle relaxant, Narcotics, NSAID and corticosteroid. Patient had received lumbar ESI and cortisone injection in right knee.

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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Mental Illness & Stress (updated 11/12/15)Benzodiazepine.

Decision rationale: Request:Restoril 30mg, #30. This medication is a benzodiazepine, an anti anxiety drug. According to MTUS guidelines, Benzodiazepines are "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." Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. In addition per the cited guidelines "Recent research: Use of benzodiazepines to treat insomnia or anxiety may increase the risk for Alzheimer's disease (AD). After an initial improvement, the effect wears off and tends to disappear. When patients try to discontinue use, they experience withdrawal insomnia and anxiety, so that after only a few weeks of treatment, patients are actually worse off than before they started, and these drugs are far from safe." (Olfson, 2015) A prolonged use of anxiolytic may lead to dependence and does not alter stressors or the individual's coping mechanisms and is therefore not recommended. A detailed response to other measures for insomnia/anxiety is not specified in the records provided. A recent detailed psychiatric examination was not specified in the records provided. The medical necessity of Restoril 30mg, #30 is not fully established for this patient given the medical records submitted and the guidelines referenced. If it is decided to discontinue this medication, then it should be tapered according to the discretion of the treating provider, to prevent withdrawal symptoms.