

Case Number:	CM15-0201744		
Date Assigned:	10/16/2015	Date of Injury:	12/22/2008
Decision Date:	12/01/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/14/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

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 48 year old male, who sustained an industrial injury on 12-22-08. The injured worker is being treated for lumbar discopathy with disc displacement, lumbar radiculopathy and bilateral sacroiliac arthropathy. On 7-30-15 and 8-29-15, the injured worker complains of continued pain over the bilateral sacroiliac joints (right greater than left) with radiation to bilateral legs with associated numbness and tingling, spasms in both calf muscles, popping sensation over bilateral sacroiliac joint with ambulation over uneven surfaces and insomnia secondary to chronic pain. He states medications and compound creams are helpful in alleviating some of the pain. He is currently not working. Physical exam performed on 7-30-15 and 8-29-15 revealed tenderness to palpation over the lumbar paraspinal musculature and bilateral sacroiliac joints, decreased range of motion secondary to pain and stiffness and Faber-Patrick's test is positively bilaterally. Urine toxicology screen performed on 7-30-15 was inconsistent with medications prescribed. Treatment to date has included oral medications including Flexeril, Prilosec, Ultram ER, Restoril (without indication of improvement in sleep) and Norco; and activity modifications. The treatment plan included prescriptions for cyclobenzaprine 10mg #90, Prilosec 20mg #60, Ultram ER 150mg, #90, Norco 10-325mg #90 and Restoril 30mg #30 (since at least 7-30-15). On 9-17-15 request for Restoril 30mg #30 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril (Tamazepam) 30 mg #30 QHS: 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) Chronic Pain, Sleep Medication, Insomnia treatment.

Decision rationale: Regarding the request for Restoril (Tamazepam) 30 mg #30 QHS, Chronic Pain Medical Treatment Guidelines state the 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. A more appropriate treatment for anxiety disorder is an antidepressant." Within the documentation available for review, there is no description of the patient's sleep complaints, failure of behavioral treatment, response to medication, etc. As such, there is no clear indication for use of this medication. In light of the above issues, the currently requested Restoril (Tamazepam) 30 mg #30 QHS is not medically necessary.