

Case Number:	CM15-0203991		
Date Assigned:	10/20/2015	Date of Injury:	10/12/2005
Decision Date:	12/08/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/16/2015

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, Arizona, Maryland
Certification(s)/Specialty: Psychiatry

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 66 year old male who sustained an industrial injury on October 12, 2015. The worker is being treated for: lumbar spine strain and sprain, degenerative joint disease, unspecified depressive disorder, generalized anxiety disorder, somatic symptom with predominant pain, moderate. Subjective: July 01, 2015, depression has diminished but he is still tearful, sleeping 7 hours a night, August 25, 2015 low back pain radiating to bilateral lower extremities, poor sleep hygiene, Objective: August 25, 2015, lumbar spine moderate to severe spasm, antalgic gait, and decreased sensation L-5 S1 bilateral, September 28, 2015, with guarded gait, positive SLR. Medications: April 24, 2015: Norco, Fexmid, and Xanax. July 01, 2015: Effexor XR, and Restoril. August 25, 2015: Norco, Percocet, Robaxin and discontinue Xanax due to night mares. Diagnostics: MRI lumbar spine showed severe foraminal stenosis L5-S1 obscuration foraminal nerve. Treatment: lumbar spine Rhizotomies, DME back brace, psychotherapy. On October 02, 2015 a request was made for Restoril 15mg #30 that was modified by Utilization Review on October 07, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril 15mg 1 QHS #30: Upheld

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

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

Decision rationale: MTUS states 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been prescribed Restoril 15 mg at bedtime on an ongoing basis with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. Thus, the request for Restoril 15mg 1 QHS #30 is excessive and not medically necessary.