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| Case Number: | CM15-0205162 | | |
| Date Assigned: | 10/22/2015 | Date of Injury: | 09/23/2010 |
| Decision Date: | 12/10/2015 | UR Denial Date: | 09/18/2015 |
| Priority: | Standard | Application Received: | 10/19/2015 |

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:

This is a 64-year-old male with a date of industrial injury 9-23-2010. The medical records indicated the injured worker (IW) was treated for sleep difficulty secondary to pain. In the progress notes (8-25-15), the IW reported neck pain radiating down the bilateral arms and lower back pain that radiated down the bilateral legs. Medications and rest improved the pain. He was taking Tylenol #3 for pain and Restoril (since at least 6-2015) and Flexeril for sleep. On examination (8-25-15 notes), there was decreased range of motion in the cervical and lumbar spine. There was tenderness in the neck muscles and the bilateral elbows. Grip strength was weak bilaterally. Treatments included medication and physical therapy. The IW was not working. There was no documentation of counseling for sleep problems or sleep hygiene recommendations. The IW was also taking Flexeril to help with sleep. A Request for Authorization was received for Restoril 15mg, #60. The Utilization Review on 9-18-15 modified the request for Restoril 15mg, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril 15mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress Chapter, Atypical antipsychotics.

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 30 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 #60 is excessive and not medically necessary.