

Case Number:	CM15-0208717		
Date Assigned:	10/27/2015	Date of Injury:	04/11/2005
Decision Date:	12/08/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	10/23/2015

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 56 year old male who sustained an industrial injury on 04/11/2005. Medical records indicated the worker was treated for low back, left knee, and left ankle pain. In the provider notes of 08-26-2015, the injured worker complains of left shoulder pain. His MRI (05-03-2012) showed a normal appearance of rotator cuff and osisific excrescence of dorsal aspect of the glenoid consistent with the Bennett lesion. There was an extraarticular ossific excrescence secondary to chronic capsular avulsive forces. According to provider notes, He is in no acute distress, and ambulates well. His left knee has some restricted range of motion 0-100 degrees compared to 0-120 degrees on the right. He has relatively good range of motion of the bilateral shoulders. In the 07-31-2015 provider notes, the worker reports his pain level goes from as high as an 8 on a scale of 0-10 to a 1 with the Norco. This allows him to be very active. He takes Norco only on an as needed basis. He denies negative side effects and there is no evidence of aberrant behavior. He asks for no early refills, he has a signed pain contract on file, and his urine drug screen was 06-19-2015 and it was consistent with his medication use. The Norco and Zanaflex are reported to significantly help with the myofascial pain and back pain. Restoril helps him sleep at night. He is also using his transcutaneous electrical nerve stimulation (TENS) unit. The plan is to write for a months of Norco, and refills on Zanaflex, and Restoril. A request for authorization was submitted for Norco 5/325 mg #30, Retro Zanaflex 4 mg #60 dispensed on 10/2/2015, Restoril 30 mg #30. A utilization review decision 10/21/2015 Approved: Norco 5/325 mg #30, Retro Zanaflex 4 mg #60 dispensed on 10/2/2015. Modified: Restoril 30 mg from #30 to approve Restoril 30 mg #23.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril 30 mg #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: Review indicates Restoril request was modified for #23. Temazepam (Restoril) is a benzodiazepine hypnotic often prescribed for the treatment of anxiety/ insomnia. Per the MTUS Chronic Pain Treatment Guidelines, chronic benzodiazepines are the treatment of choice in very few conditions with tolerance to hypnotic effects developing rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. The reports have not demonstrated any clinical findings or confirmed diagnoses of sleep disorders to support its use for this chronic 2005 injury. There is no failed trial of behavioral interventions or proper pain management as the patient continues on opiates with stated pain relief to hinder any sleep issues. Submitted reports have not demonstrated any specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how use of this sedative/hypnotic has provided any functional improvement from treatment already rendered. The Restoril 30 mg #30 is not medically necessary and appropriate.