

Case Number:	CM15-0218815		
Date Assigned:	11/10/2015	Date of Injury:	09/20/2010
Decision Date:	12/22/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/06/2015

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: North Carolina

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 36 year old male, who sustained an industrial injury on 9-20-2010. The injured worker was diagnosed as having right shoulder pain, status post surgery, and anxiety disorder. Treatment to date has included diagnostics, right shoulder surgery, physical therapy, and medications. On 10-12-2015, the injured worker complains of right shoulder pain, rated 5 out of 10 with Norco and 7 without. He also used Gabapentin for nerve pain and this helped with sleep. Robaxin helped with myofascial pain and spasm and Restoril (use since at least 7-23-2015) "helps calm down the tension specifically in his jaw along with some anxiety". Objective findings noted only "no significant change". His mood was not described. His sleep hygiene was not described. He remained off work. The previous PR2 report (9-04-2015) noted that he was having difficulty with sleep and using Restoril 30mg at bedtime, "however, since starting the gabapentin, he does not need to take the Restoril". On 10-29-2015 Utilization Review non-certified a request for Restoril 30mg (BID) #60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril 30mg, #60, twice a day with 2 refills: 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: The California chronic pain medical treatment guidelines section on benzodiazepines states: Benzodiazepines 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. Tolerance to hypnotic effects develops rapidly. 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. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks (Baillargeon, 2003) (Ashton, 2005). The chronic long-term use of this class of medication is recommended in very few conditions per the California MTUS. There is no evidence however of all failure of first line agent for the treatment of anxiety or Insomnia in the provided documentation. For this reason the request is not medically necessary.