

<b>Case Number:</b>	CM15-0035754		
<b>Date Assigned:</b>	03/04/2015	<b>Date of Injury:</b>	05/12/2003
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2015

### 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  
 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 female who reported an injury on 05/12/2003. The mechanism of injury was a student's wheelchair rolled over the injured worker's feet. The diagnoses included joint pain ankle, myalgia and myositis, and lumbosacral neuritis. Medications included gabapentin 600 mg, tramadol ER 100 mg, Restoril 15 mg, and vitamin D12. There was a Request for Authorization submitted for review dated 11/13/2014. The documentation of 10/22/2014 revealed the injured worker had neck pain radiating down to the right upper extremity. The pain was 6/10 in intensity with medications and 10/10 without medications. The injured worker was noted to undergo a transforaminal epidural steroid injection which gave good overall improvement. The physical examination revealed there was tenderness upon palpation in the bilateral paravertebral areas at L4-S1. The diagnostic studies included an MRI of the lumbosacral spine and the right ankle, as well as cervical spine. The treatment plan included an ongoing home exercise program and medications, as well as urine drug screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine drug test:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24, 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend urine drug screens for injured workers who have documented issues of abuse, addiction, or poor pain control. The clinical documentation submitted for review failed to provide documentation that the injured worker had issues of abuse, addiction, or poor pain control. There was a lack of documentation of exceptional factors. Given the above, the request for urine drug test is not medically necessary.

**Pharmacy purchase of Restoril 15 mg #30 with one refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24, 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The California Medical Treatment Utilization Guidelines do not recommend the use of benzodiazepines for longer than 4 weeks due to the possibility of psychological or physiological dependence. The clinical documentation submitted for review does provide evidence that the injured worker has been on this medication for an extended duration of time. There was a lack of documented efficacy and exceptional factors. There was a lack of documentation indicating a necessity for one refill without re-evaluation. The request as submitted failed to provide the frequency. Given the above, the request for a Pharmacy purchase of Restoril 15 mg #30 with one refill is not medically necessary.