

Case Number:	CM15-0039390		
Date Assigned:	03/09/2015	Date of Injury:	08/18/2000
Decision Date:	04/22/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/02/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 71 year old male, who sustained an industrial injury on August 18, 2000. The injured worker was diagnosed as having cervical strain status post cervical fusion with residual cervical pain, thoracic strain, post traumatic headaches and dizziness, overuse syndrome with bilateral carpal tunnel syndrome status post bilateral carpal tunnel release with continued bilateral hand and wrist tendinitis and bilateral lateral epicondylitis and bilateral shoulder pain, and secondary anxiety due to chronic pain. Treatment to date has included home exercise program (HEP), cervical fusion, home traction device, and medication. Currently, the injured worker complains of neck pain with radiation to the upper extremities, mid back pain, greater on the left than the right, bilateral shoulder pain, headaches, bilateral hand numbness and tingling, anxiety due to continued pain, and difficulty sleeping due to pain. The Primary Treating Physician's report dated January 21, 2015, noted the injured worker reporting the cervical and thoracic spine discomfort as 5/10 and bilateral upper extremity discomfort as 0/10, with severe heaviness. Physical examination was noted to show slight spasm of the cervical paralumbar muscles, mild tenderness of the posterior upper shoulder region, mild tenderness and spasm from T1-T7, with Spurling's sign mildly positive to the right with scapular pain. The treatment plan included requests for authorization of Norco, Soma, Xanax, Restoril, and Menthoderm topical cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril 15mg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Benzodiazepines.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Restoril 15 mg #15 is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. The Official Disability Guidelines do not recommend Restoril. In this case, the injured worker's working diagnoses are cervical strain status post cervical fusion with residual cervical pain; thoracic strain; post traumatic headaches and dizziness; overuse syndrome with bilateral carpal tunnel syndrome, status post bilateral carpal tunnel release with continued bilateral hand and wrist tendinitis, epicondylitis and shoulder pain; secondary anxiety due to chronic pain. The date of injury was August 8, 2000. The documentation from a progress note dated January 20, 2015 shows the injured worker is taking Norco 10/325 mg, Soma 350 mg, Xanax 0 .5 mg b.i.d. PRN anxiety, Restoril 15 mg Q HS as needed #15 and a topical analgesic. There is no clinical indication or rationale for taking 2 benzodiazepines (Xanax and Restoril) concurrently. The documentation shows the treating physician prescribed Restoril and Xanax as far back as July 15, 2014. The documentation shows regular refills through the present. The guidelines do not recommend Restoril. Generally, benzodiazepines (both Xanax and Restoril) are not recommended for long-term use (longer than two weeks). The treating physician exceeded the recommended guidelines according to the documentation with treatment over a six-month period. Consequently, absent compelling clinical documentation with evidence of two benzodiazepines written concurrently (Xanax and Restoril) in excess of the recommended guidelines, Restoril 15 mg #15 is not medically necessary.