

Case Number:	CM15-0044751		
Date Assigned:	03/17/2015	Date of Injury:	10/20/2003
Decision Date:	04/22/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/10/2015

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 male who sustained an industrial injury on 10/20/03. He complains of ongoing right knee, left shoulder and neck pain. He specifically complains of left ankle swelling and examination reveals a skin ulceration. His current medications include Norco, Restoril and Imitrex. His pain intensity with medications is 4/10 and without medications 8/10. He gets 50% pain relief with medications. His medications allow him to perform his activities of daily living and enhance his quality of life. Diagnoses include status post C4-5 and C5-6 cervical fusion (6/05); status post right knee surgery (5/10/04) for multi-meniscal tears, rupture of anterior and posterior cruciate ligament, degenerative changes, persistent right knee pain; chronic left shoulder pain with frozen shoulder. Treatments mentioned to date include medications. Diagnostics include x-ray of the right knee showing severe tricompartmental osteoarthritis (12/1/14). In the progress note dated 1/28/15, the treating provider requested Restoril and Imitrex in addition to Norco as these allow him to stay active.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Tabs of Restoril 30 MG with 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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, Temazepam.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Restoril 30 mg #30 with 2 refills 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 status post C4 - C5 and C5 - C6 cervical fusion; Is both right knee surgery with persistent right knee pain; chronic left shoulder pain with frozen shoulder; and history of right knee surgery for multi-meniscal tears, rupture ACL, PCL and MCL, degenerative changes. Restoril is not recommended by the Official Disability Guidelines. Benzodiazepines, in general, are not recommended for long-term use (longer than two weeks) because long-term efficacy is unproven and it was a risk of psychological and physical dependence or frank addiction. The earliest progress note in the medical record was dated November 5, 2014. The injured worker was on Restoril at that time. The treating physician has exceeded the recommended guidelines for Restoril use. The medical record contains 16 pages. There is no start date in the medical record for Restoril. Consequently, absent compelling clinical documentation with objective functional improvement with guidelines non-recommendations for Restoril use, Restoril 30 mg #30 with 2 refills is not medically necessary.

18 Tabs of Imitrex 50 MG with 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head section, Tryptans.

Decision rationale: Pursuant to the Official Disability Guidelines, Imitrex 50 mg #18 tablets with two refills are not medically necessary. Tryptans are recommended for migraine sufferers. All oral Tryptans (Imitrex) are effective and well tolerated. For additional details see the Official Disability Guidelines. In this case, the injured worker's working diagnoses are status post C4 - C5 and C5 - C6 cervical fusion; s/p right knee surgery with persistent right knee pain; chronic left shoulder pain with frozen shoulder; and history of right knee surgery for multi-meniscal tears, rupture ACL, PCL and MCL, degenerative changes. Imitrex is indicated for migraine headaches. There is no documentation in the medical record the injured worker suffers with migraine headaches or vascular headaches. There are no diagnoses in the medical record indicating migraine/vascular headaches. The injured worker has headaches that he claims are relieved with Imitrex. This is an improper use of Imitrex with no clinical indication to support its

use (migraine headaches). Consequently, absent clinical documentation of migraine/vascular headaches, Imitrex 50 mg #18 tablets with two refills are not medically necessary.