

Case Number:	CM15-0049233		
Date Assigned:	03/23/2015	Date of Injury:	01/19/2006
Decision Date:	05/01/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/16/2015

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: Preventive Medicine, Occupational 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 patient, who sustained an industrial injury on 01/19/2006. A primary treating office visit dated 12/12/2014, reported subjective complaints of popping and giving way, bilateral ankle pains, and difficulty ambulating. Objective findings showed the patient with a very antalgic gait and pain noted moderate to severe; rated a 6 out of 10 in intensity. He uses Tylenol # 3 for pain. The following diagnoses are applied: lumbar spine, lumbar radiculitis, facet osetoarthritis, status post laminectomy C5-7. The patient is to follow up in 6 weeks and remain off from work duty. The plan of care involved recommending a magnetic resonance imaging of lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril 30mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Benzodiazepines.

Decision rationale: The Official Disability Guidelines do not recommended benzodiazepines such as Restoril for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly. Restoril 30mg #30 is not medically necessary.