

Case Number:	CM15-0053673		
Date Assigned:	03/27/2015	Date of Injury:	08/26/2011
Decision Date:	05/01/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/20/2015

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: Arizona, California
 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 39-year-old male, who sustained an industrial injury on August 26, 2011. He has reported neck pain, lower back pain, bilateral shoulder pain, right hip pain, right leg pain, headache, depression, and insomnia. Diagnoses have included chronic regional pain syndrome, neck pain, bilateral shoulder pain, right wrist and hand pain, major depression, mood disorder, and insomnia. Treatment to date has included medications, right hip surgery, functional restoration program, psychological treatment, and imaging studies. A progress note dated February 23, 2015 indicates a chief complaint of neck pain, lower back pain, right hip pain, right leg pain, and headaches. The treating physician requested continuation of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril 30mg with 2 refills, right hip/leg and lumbar spine: Upheld

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

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes: sedation, anxiolytic, anticonvulsant and muscle relaxant. Adults who use hypnotics, including benzodiazepines such as temazepam (Restoril), have a greater than 3-fold increased risk for early death, according to results of a large matched cohort survival analysis. In this case, the claimant had been on Restoril for several months in combination with numerous muscle relaxants, analgesics and other Benzodiazepines (Klonopin). Based on the guidelines above, continued and long-term use of Restoril is not recommended, has safety risks and is not medically necessary.