

Case Number:	CM15-0054432		
Date Assigned:	03/27/2015	Date of Injury:	10/18/2007
Decision Date:	05/06/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/23/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 60 year old female who sustained a work related injury on October 18, 2007, after being assaulted injuring her lower back, neck and both ankles. Treatments included medications, physical therapy, home exercise program, Radiofrequency Ablation, and epidural steroid injections. She was diagnosed with lumbar strain, lumbosacral degenerative disc disease, and disc protrusions with facet arthropathy. Currently, the injured worker is functional with all medications prescribed, allowing for increased mobility and tolerance of activities of daily living (ADLs). She complained of some persistent chronic pain. The treatment plan that was requested for authorization included a prescription for Restoril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril 30mg Qty: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

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

Decision rationale: Restoril 30mg Qty: 60.00 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The documentation indicates that the patient was prescribed Restoril on 11/28/14. The documentation does not indicate extenuating circumstances which would necessitate going against guideline recommendations and exceeding the 4 week recommended time period of benzodiazepine use. The request for Restoril is not medically necessary.