

Case Number:	CM15-0054859		
Date Assigned:	03/30/2015	Date of Injury:	09/20/1999
Decision Date:	05/07/2015	UR Denial Date:	03/11/2015
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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 67 year old female, who sustained an industrial injury on 09/20/1999. Currently, the injured worker complains of constant moderate low back pain and right leg pain extending down to the ankle and foot particularly when driving. Current medications included Lyrica, Restoril, Soma and Norco. She was on temporary total disability. Symptoms were unchanged from a prior visit. Diagnoses included sacroiliitis. On 02/02/2015, the provider requested authorization for right sacroiliac joint injections under sedation, pre-op medical clearance, Lyrica and Restoril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril 15 mg #30: 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: The patient presents with pain affecting the low back and right leg with radiation to the right ankle and foot. The current request is for Restoril 15 mg #30. The treating physician report dated 1/28/15 (18B) states, "She is currently taking Lyrica, Restoril, Soma and Norco. She needs refills of the Lyrica and Restoril. She remains off work on temporary total disability." MTUS page 24 states 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. The medical reports provided show the patient has been taking Restoril since at least 10/22/14. In this case, the current request for Restoril is outside the 4 weeks recommended by the MTUS guidelines. Recommendation is for denial and is not medically necessary.