

Case Number:	CM15-0089041		
Date Assigned:	05/13/2015	Date of Injury:	10/02/2004
Decision Date:	06/15/2015	UR Denial Date:	04/25/2015
Priority:	Standard	Application Received:	05/08/2015

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: Texas, Florida, 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 49 year old female who sustained an industrial injury on 10/02/2004. The injured worker was diagnosed with chronic cervical discopathy and right shoulder impingement. The injured worker is status right post shoulder surgery times 2, left shoulder surgery in 2006, right carpal tunnel release in 2008, right knee arthroscopy in 2007 and left knee arthroscopy in 2009. The injured worker was noted to have methicillin resistant staphylococcus aureus (MRSA) colonization. Treatment to date includes diagnostic testing, multiple surgical interventions, physical therapy, chiropractic therapy, transforaminal epidural steroid injections and medications. According to the primary treating physician's progress report on April 16, 2015, the injured worker continues to experience neck pain, bilateral shoulder pain, bilateral knee pain and bilateral hand/wrist pain. The injured worker rates her neck pain at 7/10. The injured worker also reports bilateral shoulder pain with decreased range of motion and rated as 7-8/10 on the left and 3-4/10 on the right. Examination of the neck demonstrated pain to palpation over C2 through C5 facet capsules bilaterally, secondary myofascial pain with triggering and ropey fibrotic banding, pain with rotational extension, positive Spurling's, positive foraminal compression testing bilaterally and pain with Valsalva. Cervical range of motion is restricted with tenderness to palpation of the cervical paravertebral muscles. Examination of the shoulder demonstrated tenderness to palpation over the left acromioclavicular joint and acromion. Current medications are listed as Norco, Wellbutrin, Zoloft, Naproxen, alprazolam and Restoril. Treatment plan consists of continuing with medication regimen, infectious disease consultation for methicillin resistant staphylococcus aureus (MRSA) and the current request for Restoril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril 30 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Insomnia Treatment.

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

Decision rationale: This claimant was injured in 2004. It appears there is chronicity to the use of this sleeping aid. The MTUS is silent on this medicine. The ODG notes regarding sleeping medicines, only short term use is advocated due to tolerance and addictive effects long term. The ODG notes: Recommend that treatment be based on the etiology, with the medications recommended below. See Insomnia. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. (Lexi-Comp, 2008) Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. In this case, the degree, type and depth of insomnia is not known. It is not clear this is a short term usage. The request is not medically necessary.