

Case Number:	CM14-0124539		
Date Assigned:	08/11/2014	Date of Injury:	09/23/2010
Decision Date:	10/21/2014	UR Denial Date:	07/19/2014
Priority:	Standard	Application Received:	08/06/2014

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. The expert reviewer is Board Certified in Family Practice, and is licensed to practice in Texas & Mississippi. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 63-year-old male with a reported injury on 09/23/2010. The mechanism of injury was not provided. The injured worker's diagnoses included chronic cervical sprain/strain, lumbar disc herniation status post fusion and decompression with adjacent segment disease and neural foraminal narrowing, right shoulder repetitive strain, bilateral hand pain/numbness, history of right inguinal hernia repair, history of umbilical hernia repair, history of anxiety and depression, sleep difficulty secondary to chronic pain, and gastropathy. The injured worker's past treatments included medication and surgery. On the clinical note dated 06/17/2014, the injured worker complained of persistent back and neck pain, bilateral lower extremity and right upper extremity pain. The injured worker rated his pain as 7/10. The injured worker had tenderness on palpation over the paravertebral and trapezius muscles. Shoulder decompression test was positive, Spurling's was positive bilaterally, strength and sensation were 5/5 bilaterally at C5-8. Cervical spine revealed limited range of motion. The injured worker's medications included Restoril 15 mg, tramadol 50 mg, Flexeril 10 mg, Theraflex cream. The request was for Restoril 15 mg for the lumbar spine. The Request for Authorization form was submitted on 07/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril 15mg #30 for the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

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

Decision rationale: The injured worker is diagnosed with chronic cervical sprain/strain, lumbar disc herniation status post fusion and decompression with adjacent segment disease and neural foraminal narrowing, right shoulder repetitive strain, bilateral hand pain/numbness, history of right inguinal hernia repair, history of umbilical hernia repair, history of anxiety and depression, sleep difficulty secondary to chronic pain, and gastropathy. The injured worker complained of pain to the back and neck rated 7/10. The California MTUS Guidelines do not recommend benzodiazepines for long term use because long term efficacy is unproven and there is a risk of dependence. The guidelines limit use to 4 weeks. There is documentation that the injured worker has been on Restoril since at least 01/02/2014. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. There is a lack of documentation that indicates the injured worker has decreased functional deficits. Additionally, the request does not indicate the frequency of the medication. As such, the request for Restoril 15mg #30 for the Lumbar Spine is not medically necessary.