

Case Number:	CM14-0145568		
Date Assigned:	09/12/2014	Date of Injury:	07/07/2011
Decision Date:	10/29/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/08/2014

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 Medicine 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 57-year-old male who reported a work related injury on 07/07/2011 due to a head on collision. The injured worker's diagnoses medial meniscal tear of the left knee, left C6 and C7 radiculopathy, L3-4 disc degeneration, L3-5 facet arthropathy, C5-6, C6-7, and C7-T1 disc degeneration, and C5-T1 stenosis. Past treatment has included surgical intervention and medication management. Upon examination on 08/13/2014, the injured worker complained of neck pain, lower back pain, and left knee pain, which he rated at 7/10 on the VAS pain scale. Upon physical examination of the cervical spine and upper extremities, it was noted that the injured worker had a well healed right sided anterior cervical incision and loss of cervical lordosis. Upon palpation, it was noted that there was evidence of tenderness spasms of the paracervical muscles and right trapezius. Examination of the lumbar spine and lower extremities, it was noted that the injured worker had a normal gait, a normal heel/toe swing through gait, palpable tenderness was noted at the paravertebral muscles bilaterally. It was also noted that the injured worker had pain with range of motion. The injured worker's prescribed medications included Restoril, Xanax, Phenergan, Imitrex, Norco, Zanaflex, Oxycontin, and Cymbalta. The treatment plan consisted of continuation of prescribed medications, physical therapy, and a MRI of the lumbar spine. A rationale for the request was not provided for review. A Request for Authorization form was submitted for review on 08/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril 3mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES Page(s): 24.

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

Decision rationale: The MTUS Chronic Pain Guidelines states 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. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In regards to the injured worker, he has been prescribed Restoril beyond the recommended time of usage. As such, the request for Restoril 3 mg is not medically necessary.