

Case Number:	CM14-0092223		
Date Assigned:	09/12/2014	Date of Injury:	04/27/2010
Decision Date:	10/16/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/18/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 64-year-old gentleman was reportedly injured on April 27, 2010. The most recent progress note, dated April 25, 2014, indicates that there are ongoing complaints of cervical spine pain radiating to the left upper extremity with numbness and weakness in the left arm and hand. Current medications include Tramadol, Omeprazole, Lunesta, Meloxicam, and Zanaflex. There was also a complaint of low back pain radiating to the left lower extremity and difficulty sleeping. The physical examination demonstrated tenderness over the left side paracervical muscles as well as a left trapezius. There was decreased cervical spine range of motion. The examination of the lumbar spine indicated a mildly antalgic gait and tenderness over the left sided lumbar paravertebral muscles. There was also decreased lumbar spine range of motion. Diagnostic imaging studies of the lumbar spine indicated stenosis at L3 - L4 and L4 - L5 contacting the traversing S-1 nerve roots. Previous treatment includes oral medications. A request had been made for Restoril and was not certified in the pre-authorization process on May 30, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril 30mg 1 tab po every night #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Online Version: Benzodiazepines

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

Decision rationale: According to the progress note dated April 25, 2014, the injured employee has failed treatment with Restoril, Lunesta, and Ambien. Considering this, this current request for Restoril 30 mg is not medically necessary.