

Case Number:	CM14-0210678		
Date Assigned:	12/23/2014	Date of Injury:	07/07/2011
Decision Date:	02/27/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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, Indiana, New York
Certification(s)/Specialty: Internal 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 (IW) is a 57-year-old man with a date of injury of July 7, 2011. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are medial meniscal tear left knee; left C6 and C7 radiculopathy; L3-L4 disc degeneration; L2-L5 facet arthropathy; C5-C6, C6-C7, and C7-T1 disc degeneration; C5 through T1 stenosis; status post left knee surgery October 4, 2013; status post C5-T1 anterior cervical discectomy and fusion with cage and instrumentation, partial corpectomy on February 19, 2014; and rule out cervical pseudarthrosis, C5-T1. Pursuant to a primary treating orthopedic progress note dated October 22, 2014, the IW presents for treatment and further treatment status post MRI of the lumbar spine dated September 25, 2014. The IW complains of neck pain with numbness rated 5-6/10. He also complains of pain and numbness in the low back rated 4/10. He has right knee pain rated 5/10. Examination of the lower spine reveals tenderness over the midline lower lumbar spine. There is evidence of tenderness over the sacroiliac joints bilaterally. Current medications include Restoril 30mg, Xanax 0.5mg, Phenergan 25mg, Imitrex 50mg, Norco 10/325mg, OxyContin 30mg, and Cymbalta 60mg. The IW was been taking Restoril 30mg since June 2, 2014, according to a progress note with the same dated. There was no evidence of objective functional improvement associated with the ongoing use of Restroil. Restroil was refilled on a monthly basis from June 2, 2014, to the present. The current request is for Restoril 30mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril 30mg QHS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Benzodiazepines/Temazepam.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Restoril 30 mg Q HS is not medically necessary. Restoril is a benzodiazepine. Benzodiazepines are not recommended for long-term use (longer than two weeks) because long-term efficacy is unproven and there is a risk of psychological and physical dependence or Frank addiction. Most guidelines limit use to four weeks. Chronic benzodiazepine for the treatment of choice very few conditions. Restoril, (Temazepam) is not recommended. In this case, the injured worker's working diagnoses are medial meniscal tear left knee; left C6 and C7 radiculopathy; L3 - L4 disc degeneration; L3 - L5 facet arthropathy; C5 - C6, C6 - C7, and C7 - T-1 disc degeneration; C5 through T-1 stenosis; status post left knee surgery October 4, 2013; and status post C5 - T-1 anterior cervical discectomy and fusion with cage and instrumentation, partial corpectomy on February 19, 2014. The primary treating orthopedic surgeon in a progress note dated July 2, 2014 reflects Restoril 30 mg was being used at that time. Additional medications include Xanax 0.5 mg, Phenergan 25 mg, Imitrex, Norco 10/325 mg, Zanaflex 4 mg, OxyContin 30 mg and Cymbalta. The documentation indicates the injured worker is taking two benzodiazepines. The injured worker is taking Xanax 0.5 mg and Temazepam (Restoril) at bedtime. There is no documentation in the medical record or clinical rationale for the use of two benzodiazepines concurrently. Additionally, Temazepam (Restoril) is not recommended according to the guidelines. There is no documentation of objective functional improvement with Restoril use. Consequently, absent clinical documentation to support the ongoing use of Restoril, concurrent use of two benzodiazepines, documentation of objective functional improvement and Restoril's non-recommendation according to the Official Disability Guidelines, Restoril 30 mg Q HS is not medically necessary.