

Case Number:	CM15-0017361		
Date Assigned:	02/05/2015	Date of Injury:	10/02/2004
Decision Date:	03/30/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/29/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 48 year old female who sustained injury on 12/2/04. Currently she is experiencing radicular pain in the left arm and stiffness with pain intensity of 6-7/10; burning aching neck pain; and shoulder pain with pain intensity of 6-7/10 on the left and 3-4/10 on the right. In addition she exhibits bilateral knee pain and hand and wrist pain. Medications are alprazolam; Norco; Restoril; Welbutrin and Zoloft. Diagnoses include chronic cervical sprain; left shoulder injury status post repair (5/06); right shoulder injury, status post repair with residual right shoulder impingement (11/02); right carpal tunnel release (5/08); right knee arthroscopy (8/07) and left knee arthroscopy (5/09). Treatments to date include epidural steroid injection C5 and 6 with 100% improvement for 10 days (4/4/12). Diagnostics include right shoulder x-ray (10/4/11) indicating no abnormality; MRI right shoulder (12/6/11) indicating partial thickness tearing of the supraspinatus tendon; MRI cervical spine (12/29/10) indicating multilevel disc degeneration. Progress note dated 12/29/14 indicates ongoing pain with both right shoulder and right knee and she is to continue her current medication regime for one month. On 1/15/15 Utilization review non-certified the requests for Restoril 30 mg and 1 urine drug screen citing MTUS: Chronic Pain medical treatment Guidelines: Benzodiazepines and MTUS: Chronic Pain medical Treatment Guidelines: Substance Abuse, ODG: Chronic Pain respectively.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril 30mg: Upheld

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

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

Decision rationale: Restoril 30 mg is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that 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. The documentation indicates that the patient has been on Restoril since August of 2014 which is longer than the MTUS recommended 4 week time for benzodiazepines. The documentation does not indicate extenuating circumstances which would necessitate going against guideline recommendations. Furthermore, the request does not indicate a quantity. For these reasons Restoril is not medically necessary.

1 Urine drug screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Pain (Chronic)- Urine drug testing (UDT)

Decision rationale: 1 urine drug screen is not medically necessary per the MTUS Guidelines and the ODG. The MTUS states that drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The ODG states that the frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. The documentation indicates that the patient had a urine drug screen on 9/12/14 which was consistent. The documentation does not reveal that the patient has aberrant behavior. There is no reason at this point that the patient requires another urine drug screen as she appears to be at low risk of addiction/aberrant behavior. Therefore the request for 1 urine drug screen is not medically necessary.

