

Case Number:	CM15-0119248		
Date Assigned:	07/23/2015	Date of Injury:	03/14/2003
Decision Date:	08/25/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/19/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 sustained an industrial injury on 3/14/03. The injured worker was diagnosed as having mood disorder, shoulder pain, rotator cuff tear and unspecified drug dependency. Treatment to date has included Oxymorphone, Seroquel, Restoril, docusate sodium, promethazine, Neurontin, physical therapy, psychiatric treatment, 6 week inpatient pain treatment, acupuncture, shoulder surgery multiple times and activity restrictions. Currently on 5/26/15, the injured worker complains of increasing anxiety controlled by walking continuously and new pain in left plantar fascia with increased walking, he also notes increased clawing of his hands which he relates to neuropathy from chemotherapy. Physical exam performed on 5/26/15 revealed moderate depression and anxiety, swelling of left leg, tenderness along the left plantar fascia and posterior tibialis tendon along with right shoulder restricted range of motion. A request for authorization was submitted on 5/26/15 for Oxymorphone 7.5mg, Restoril 30mg, Seroquel, 100 and 200mg, docusate sodium 250mg, Promethazine 25mg, Neurontin 300mg and aspirin 325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Restoril 30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Temazepam (Restoril).

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

Decision rationale: Restoril (Temazepam) is an intermediate-acting 3-hydroxy hypnotic of the benzodiazepine class of psychoactive drugs. It is approved for the short-term treatment of insomnia. According to CA MTUS Guidelines, benzodiazepines are prescribed for anxiety. They are not recommended for long-term use for the treatment of chronic pain because long-term efficacy is unproven and there is a risk of dependency. There is no documentation provided indicating that the patient has a diagnosis of insomnia or indicating the duration of therapy with this medication. There are no guideline criteria that support the long-term use of benzodiazepines for sleep disturbances. The injured worker has utilized the medication since at least 7/13. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.