

Case Number:	CM15-0122187		
Date Assigned:	07/06/2015	Date of Injury:	10/28/2004
Decision Date:	07/31/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/24/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 54 year old male who sustained an industrial injury on 10/28/04 when a large sheet of plywood fell approximately sixteen feet onto his head. He was wearing a hardhat at the time. He lost consciousness. He was medically evaluated and the next day he was complaining of pain from the top of his head, down the neck and shoulders. He was diagnosed with a closed head injury. He was given medications; computed tomography and cervical spine x-rays were both negative. He has had prior injury to his left eye orbit, right shoulder rotator cuff repair and low back disc surgery. He currently complains of rib pain; neck pain that radiates to the left deltoid area; headaches with pain in the eyes, nausea, vomiting, sweating and blurred vision; back pain; difficulty with memory; developing Parkinson's features of shuffling, tremors, no facial expression; esophageal clamping; grinding teeth and caps falling off. He needs assistance with all activities of daily living. He uses a walker for ambulation and has had falls. On physical exam there were many missing teeth fractured off at the gum line; there was spasm and pain on palpation of the cervical paraspinal and trapezius muscles; there was pain over the medial joint line and effusion of the right knee; there was popping of the left knee with range of motion; there was palpable spasm along the thoracic area; there were muscle spasms throughout the spine; Romberg's sign was positive. Medications are Valium, Pristiq, Wellbutrin, Restoril, Aricept, Methadone, Norco, and Oxycodone. Diagnoses include status post cervical fusion (2006); status post lumbar fusion (2012); "clam shell" esophagus; dental loss due to hypoglycemia from chronic opiate use; post traumatic headaches; severe obstructive sleep apnea, uses continuous positive airway pressure; severe torticollis and segmental dystonia of

the thoracic spine; failed back syndrome; obesity; decreased lung volumes due to restrictive lung disease from thoracic spine hardware; chronic depression, anxiety, paranoia, ideas of reference and auditory hallucinations; right knee degenerative joint disease, secondary to fall from industrial disease, status post right total knee replacement; left knee degenerative joint disease with need for total knee replacement; sensory ataxia; frontal lobe syndrome; neurogenic bladder; neurogenic gut and inability for stomach to empty correctly; T5 radiculopathy; hypogonadism. Treatments to date include medications; physical therapy; aquatic therapy with good results; Botox with good relief of pain bringing it down to 5/10; physical therapy. Diagnostics include MRI of the lumbar spine (no date) showing a bulging disc in the mid back; MRI of the cervical spine (4/4/06) showing degenerative disc space narrowing; electromyography/ nerve conduction study of bilateral upper extremities (4/21/06) showed evidence of bilateral C7 chronic radiculopathy and mild left carpal tunnel syndrome. He has had multiple diagnostic tests. On 6/2/15 the treating provider requested Restoril 30 mg # 30 with one refill due to major depressive disorder. Of note, on 4/15/15 the same request was modified to # 20 by utilization review.

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 #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic): Insomnia Treatment. (2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation ODG- pain chapter and insomnia medications.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action include: sedation, anxiolytic, and anticonvulsant and muscle relaxant. The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, insomnia medications recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. Restoril is a benzodiazepine and is not indicated for depressive disorders. It is indicated for short-term use for insomnia. In this case, the claimant has been on Benzodiazepines for over a month and the use of Restoril for 30 days with 1 additional month refill is not medically necessary.