

Case Number:	CM15-0174452		
Date Assigned:	09/16/2015	Date of Injury:	09/16/2014
Decision Date:	10/19/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/04/2015

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: California, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 36-year-old male who sustained an industrial injury on 09-16-2014. Current diagnoses include sprain-strain lumbar region, unspecified thoracic-lumbar neuritis-radiculitis, and lumbosacral spondylosis. Report dated 07-09-2015 noted that the injured worker presented with complaints that included lumbar spine pain with radiation of pain and difficulty sleeping. Pain level was 3 (least) and 7 (worst) out of 10 on a visual analog scale (VAS). Physical examination performed on 07-09-2015 revealed tenderness in the pelvic brim and junction bilaterally, slight tightness in the right paravertebral musculature, extension and rotation caused bilateral lumbar junctional discomfort, and decreased range of motion. Current medications include Advil liqui-gel, hydrocodone-acetaminophen, and Restoril. Previous diagnostic studies included an EMG-NCV study. Previous treatments included medications, physical therapy, lumbar medial branch blocks on 06-16-2015, and lumbar epidural steroid injection on 04-28-2015. The treatment plan included continuing activity modifications, medications, gentle stretching exercises, and re-evaluation in 4 weeks. Work status remains temporarily very disabled until 08-10-2015. The injured worker has been prescribed Restoril since at least 06-08-2015. The Utilization Review dated 08-25-2015, modified the request for Restoril for tapering.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril 30mg/1 (ORAL); one tab at HS #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, Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Insomnia treatment.

Decision rationale: According to the cited MTUS guidelines, benzodiazepines (e.g. Restoril) are not recommended for long-term use because long-term efficacy is unproven and there is significant risk of dependence. Chronic benzodiazepines are the treatment of choice in very few conditions and not indicated for use in sleep related issues. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Per ODG, FDA-approved benzodiazepines for sleep maintenance insomnia include Restoril; however, it is only recommended for short-term use due to risk of tolerance, dependence, and adverse events. In this case, the injured worker's records indicate that he has been on Restoril long-term for sleep impairment. Based on the cited guidelines and medical records available, Restoril 30 mg, one tab QHS #30 is not medically necessary or appropriate.