

Case Number:	CM15-0176782		
Date Assigned:	09/17/2015	Date of Injury:	04/07/2011
Decision Date:	10/22/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/08/2015

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, 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 is a 56-year-old male, who sustained an industrial injury on April 7, 2011. A review of the medical records indicates that the injured worker is undergoing treatment for recurrent major depressive disorder. The Treating Physician's report dated August 14, 2015, noted the injured worker was in for a regular psychiatric follow-up visit. The injured worker was noted to be doing much better but still having nightmares, finding it difficult to get out of the house. The injured worker's son was noted to force him to go out of the house at least two to three times a week. The injured worker denied being depressed most of the time, with his sleep improved sleeping for at least 6 hours. The injured worker was noted to report thinking clearly with hopelessness better, energy good, appetite good, and concentration improved. The injured worker was noted to have no psychomotor agitation or retardation, nor suicidal or homicidal ideation. The injured worker was noted to have been compliant with his medications with no side effects of the medications noted. The treatment plan was noted to include continued Zoloft and Risperidone prescribed since at least March 9, 2015, and Restoril, added on May 7, 2015, for insomnia. On May 7, 2015, the injured worker was noted to have improved sleep with about four hours a night, denying hallucinations or nightmares, with concentration still a problem. On March 9, 2015, the injured worker was noted to feel depressed, sleeping only 2-3 hours each night, with a lot of feelings of hopelessness and helplessness, complaining of a lot of nightmares and flashbacks. The request for authorization dated August 20, 2015 requested Risperidone 1 mg, thirty count and Restoril 15 mg, thirty count. The Utilization Review (UR) dated August 26, 2015, certified the request for Risperidone 1 mg, thirty count, with modification of the request for Restoril 15 mg, thirty count to approve Restoril 15 mg, #10 with non-certification of the remaining #20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril 15 mg, thirty count: Upheld

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

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 section, Benzodiazepines.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Restoril 15 mg #30 is not medically necessary. 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. The Official Disability Guidelines do not recommend Restoril. In this case, major depressive disorder, recurrent. Date of injury is April 7, 2011. Request for authorization is August 20, 2015. According to a progress note dated August 11, 2014, Restoril 15 mg was prescribed for sleep. According to a psychiatric follow-up progress note dated August 14, 2015, the injured worker is sleeping better with improvement in depressive symptoms. Objectively, there is no physical examination. Other than a clinical entry stating the injured worker is sleeping better, there is no documentation demonstrating objective functional improvement. Restoril is not recommended for into the Official Disability Guidelines. Benzodiazepines are not recommended for long-term use (longer than two weeks). The treating provider prescribed, at a minimum, Restoril 15 mg in excess of 12 months. Based on the clinical information in the medical records, peer-reviewed evidence-based guidelines, guideline non-recommendations for Restoril and no documentation demonstrating objective functional improvement, Restoril 15 mg #30 is not medically necessary.