

Case Number:	CM15-0177583		
Date Assigned:	09/18/2015	Date of Injury:	01/23/2009
Decision Date:	10/21/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/09/2015

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: North Carolina
 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 49 year old female who sustained an industrial injury on 01-23-2009. Diagnoses include chronic pain syndrome, depressive disorder, cervicalgia, spasm of muscles, and Migraines without aura. A physician progress note dated 08-18-2015 documents the injured worker documents her migraines have been intense and consistently worse over the last month. She takes Neurontin that helps. She has pain in her neck and shoulders and tightness and it has been elevated. She rates her pain as a 4-5 on the Visual Analog Scale, and without her medications her pain is 10 out of 10. She is unable to sleep for more than 2 hours a time. She is taking Zquil and it has not been helping. She has complaints of photophobia, phonophobia-associated with panic attacks and insomnia. There is tenderness to palpation of the C3-C6 paraspinal with visible and palpable left paraspinal trapezius spasms bilaterally-left greater than right. She has hypersensitivity to light touch across the left trapezius. She has severe tenderness at the bilateral occipital process and restricted range of neck motion. Treatment to date has included diagnostic studies, medications, physical therapy, facet blocks, status post cervical C6-7 fusion and C4-5 disc replacement on 11-02-2009, and lumbar spine L3-4 fusion with instrumentation on 09-16-2014. On 07-02-2015 a Magnetic Resonance Imaging of the cervical spine revealed limited susceptibility artifact particularly from prosthetic disc at C4-5. There is minor spondylosis at C5-6 without definite cord compression. The neural foraminal are not seen well. An X-ray of the cervical spine done on 07-02-2015 revealed apparent developing lucency around the prosthesis at C4-5 suspicious for loosening and or infection. There is bilateral ramal stenosis at C4-5. Current medications include Hydrocodone, Lasix, Ativan, Tizanidine,

Neurontin, Phenergan, Zomig, and Belsomra for insomnia. She is not working. On 09-03-2014 the Utilization Review non-certified the request for Restoril 15mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril 15mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: The California chronic pain medical treatment guidelines section on benzodiazepines states: Benzodiazepines 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. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005) The chronic long-term use of this class of medication is recommended in very few conditions per the California MTUS. There is no evidence however of all failure of first line agent for the treatment of anxiety or Insomnia in the provided documentation. For this reason the request is not medically necessary.