

Case Number:	CM15-0025419		
Date Assigned:	02/17/2015	Date of Injury:	12/26/2009
Decision Date:	04/03/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/10/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This female sustained an industrial injury on 12/26/09, with subsequent ongoing low back pain. Treatment included lumbar laminectomy and discectomy (2010), physical therapy, chiropractic therapy and medications. Magnetic resonance imaging lumbar spine (6/4/12) showed disc protrusion with an annular tear with minimal impression on the origin of the left S1 nerve root without significant foraminal stenosis. In the most recent document submitted for review - an orthopedic qualified medical re-evaluation dated 3/6/14 - the injured worker complained of low back pain with radiation to the coccygeal region, right groin, thigh and calf with intermittent numbness of the right foot associated with sleep and sexual disturbance due to pain. The physician recommended nonsteroidal anti-inflammatory medications, H2 antagonist and proton pump inhibitors, analgesics, injections and an evaluation by a sleep specialist with a sleep study as well as a psychiatry evaluation for depression. On 1/27/15, Utilization Review noncertified a request for Restoril 30mg, capsules 1 q.h.s for 30days #30 and Valium 10mg, tablet 1 b.i.d for 30dyas #60 noting positive urine drug screens and citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril 30mg, capsules 1 q.h.s for 30days #30: Upheld

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

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

Decision rationale: The 1/28/15 Utilization Review letter states the Restoril 30mg, capsules, qhs, for 30 days #30 requested on the 1/16/15 medical report was modified for weaning because MTUS does not recommend long-term use of benzodiazepines. The records show the patient has been prescribed a 30 day supply of Restoril on 12/19/14 and 1/16/15. MTUS Chronic Pain Medical Treatment Guidelines page 24 for Benzodiazepines states: 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. MTUS does not recommend use of benzodiazepines such as Restoril for over 4-weeks. The available records show the patient has been using Restoril for over 4-weeks, and has exceeded the MTUS guidelines. The request for Restoril 30mg, capsules, qhs, for 30 days #30 IS NOT medically necessary.

Valium 10mg, tablet 1 b.i.d for 30dyas #60: Upheld

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

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

Decision rationale: The 1/28/15 Utilization Review letter states the Valium 10mg, tablet 1 b.i.d. for 30 days, #30 requested on the 1/16/15 medical report was modified for weaning because MTUS does not recommend long-term use of benzodiazepines. The records show the patient has been prescribed a 30 day supply of Valium on 12/19/14 and 1/16/15. MTUS does not recommend use of benzodiazepines such as Valium for over 4-weeks. The available records show the patient has been using Valium for over 4-weeks, and has exceeded the MTUS guidelines. The request for Valium 10mg, tablet 1 b.i.d. for 30 days, #30 IS NOT medically necessary.