

Case Number:	CM15-0077717		
Date Assigned:	04/29/2015	Date of Injury:	10/28/2004
Decision Date:	06/01/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/23/2015

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:

The injured worker is a 54-year-old male who sustained an industrial injury on October 28, 2004. He has reported back pain and has been diagnosed with status post cervical and lumbar fusion. Treatment has included surgery, physical therapy, water therapy, ice, TENS unit, injection, and medications. Currently the injured worker complains of neck pain, upper back pain, and lower extremity pain. The treatment request included Restoril.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Restoril 30mg #30 with 1 Refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official disability guidelines, Pain (Chronic) Chapter, Insomnia treatment.

Decision rationale: Based on the 12/05/14 progress report provided by treating physician, the patient presents with history of obstructive sleep apnea (OSA), on continuous positive airway pressure (CPAP), and pain to mid and lower back due to traumatic head and spinal injury, rated 4-8/10. Patient is status post multiple spine injuries, 17 total, unspecified dates. The request is for 1 PRESCRIPTION FOR RESTORIL 30MG #30 WITH 1 REFILL. RFA not provided. Treatment has included surgery, physical therapy, water therapy, ice, TENS unit, injection, and medications. Per 04/28/15 gastroenterology report, patient's medications include Oxycodone, Methadone, Pantoprazole, Aspirin, Baclofen, Carbazepine, Diazepam, Donepezil, Erythromycin, Hydrocodone, Ibuprofen, Lactulose, Lurasidone, and Lidocaine patch. The patient is temporarily totally disabled, per 04/09/15 progress report. Treatment reports were provided from 02/04/14 - 04/28/15. 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. ODG-TWC, Pain (Chronic) Chapter under Insomnia treatment states: "(1) Benzodiazepines: FDA-approved benzodiazepines for sleep maintenance insomnia include Estazolam (ProSom), Flurazepam (Dalmane), Quazepam (Doral), and Temazepam (Restoril). Triazolam (Halcion) is FDA-approved for sleep-onset insomnia. These medications are only recommended for short-term use due to risk of tolerance, dependence, and adverse events (daytime drowsiness, anterograde amnesia, next-day sedation, impaired cognition, impaired psychomotor function, and rebound insomnia)." It is not known when Restoril has been initiated. Progress report with the request was not included for review. In this case, the patient presents with obstructive sleep apnea, for which Restoril would be indicated. However, the requested 30 tablet prescription with 1 refill exceeds guideline recommendation, and does not imply intended short term use of this medication. Most guidelines limit use to 4 weeks. Long-term use of Benzodiazepines is not supported by guidelines due to risk of dependence and loss of efficacy. The request is not in accordance with guideline indications. Therefore, the request IS NOT medically necessary.