MAXIMUS Federal Services

Case Number:	CM15-0094957		
Date Assigned:	05/21/2015	Date of Injury:	03/05/1998
Decision Date:	06/29/2015	UR Denial Date:	04/18/2015
Priority:	Standard	Application Received:	05/18/2015

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 56 year old male who sustained a work related injury March 5, 1998. Past history included hypertension, diabetes, cardiac arrhythmia, and COPD (chronic obstructive pulmonary disease). According to an anesthesiology follow-up report, dated March 17, 2015, the injured worker presented with complaints of backache, neck pain, bilateral leg pain, and radicular arm pain, bilaterally. He improved by 80% after a cervical epidural steroid injection December 31, 2013 and April 1, 2014. This improvement has now faded. He needs assistance at home to eat, prepare food, bath, and take medication for his chronic pain. He uses a cane for ambulation. Diagnoses are documented as discogenic syndrome, cervical; discogenic syndrome, lumbar; cervical facet arthropathy; angina; insomnia. Treatment plan included to continue the current use of topical and oral mediation, endocrinology follow-up, a new cane, and physical therapy. At issue, is the retrospective request for Restoril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Restoril 30mg, daily for the lumbar and cervical spine, #30 (DOS: 3/17/15):
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), Pain Chapter, Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) chapter Pain, Benzodiazepine.

Decision rationale: The 56 year old patient complains of neck pain, radicular bilateral arm pain, backache, and bilateral leg pain, as per progress report dated 03/17/15. The request is for RETROSPECTIVE RESTORIL 30 MILLIGRAMS, DAILY FOR THE LUMBAR AND CERVICAL #30. No RFA could be found for this case. The patient's date of injury is 03/05/98. Diagnoses, as per progress report dated 03/17/15, included cervical discogenic syndrome, lumbar discogenic syndrome, diabetes, hypertension, asthma, hypercholestrolemia, angina, insomnia, and cervical facet arthropathy. Medications included Anaprox, Protonix, Metformin and Simvastatin. The patient is not working, as per the same progress report.ODG guidelines, chapter 'Pain (chronic)' and topic 'Benzodiazepine', have the following regarding insomnia treatments: "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 4 weeks." The MTUS Guidelines page 24 states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." In this case, a prescription for Restoril is first noted in progress report dated 10/28/14. As per the most recent progress report dated 03/17/15, the patient is "unable to sleep because of the pain," and has been diagnosed with insomnia. However, both MTUS and ODG guidelines do not support the long-term use of benzodiazepines. Hence, this request IS NOT medically necessary.