

Case Number:	CM15-0097709		
Date Assigned:	05/27/2015	Date of Injury:	08/12/2014
Decision Date:	06/25/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/19/2015

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 48-year-old male, who sustained an industrial injury on 8/12/14. He has reported initial complaints of neck, back, knees, arms and rib pain after a motor vehicle accident. The diagnoses have included cervical disc degeneration, thoracic strain, lumbar disc degeneration, left wrist tendonitis, right talus fracture-healed, left central retinal vein occlusion, left cervical facet arthropathy, and posttraumatic degenerative joint disease of the bilateral ankles. Treatment to date has included medications, diagnostics, activity modifications, bracing, acupuncture, chiropractic, conservative care and physical therapy. Currently, as per the physician progress note dated 4/27/15, the injured worker complains of worsening neck pain rated 5-8/10 on pain scale, left wrist pain rated 1-3/10 on pain scale, minimal low back pain rated 2-5/10 on pain scale, right ankle pain rated 5-8/10 on pain scale and minimal left ankle and left eye pain. The pain is unchanged from previous visits. The physical exam reveals tenderness to palpation of the cervical spine. The lumbar exam and lower extremity exam is unremarkable. The current medications included Anaprox and Norco. There is no urine drug screen reports noted in the records. The physician requested treatment included Restoril quantity unspecified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril quantity unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, page 24.

Decision rationale: Restoril is a benzodiazepine hypnotic often prescribed for the treatment of anxiety/ insomnia. Per the MTUS Chronic Pain Treatment Guidelines, chronic benzodiazepines are the treatment of choice in very few conditions with tolerance to hypnotic effects developing rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. Submitted reports have not demonstrated any clinical findings or specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how use of this sedative/hypnotic has provided any functional improvement from treatment already rendered. The Restoril quantity unspecified is not medically necessary and appropriate.