

Case Number:	CM13-0049855		
Date Assigned:	12/27/2013	Date of Injury:	12/06/2005
Decision Date:	02/28/2015	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/08/2013

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: Arizona, California
 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 53-year-old male injured worker suffered an industrial accident on 12/6/2005 while detaining a car, he slipped on grease on the floor landing on the right hip, shoulder and right side of the face with loss of consciousness. At the ED, it was reported he had bulging discs. The treatment was medications and physical therapy. On 3/20/2006 the injured worker had a lumbar fusion and on 11/8/2012 a cervical fusion. At the visit on 5/20/2013, the injured worker reported severe lumbar pain with limited range of motion with numbness in the feet along with sciatica. Also there was decreased range of motion in the bilateral shoulders with constant, severe pain in the arms and hands with numbness and tingling along with bilateral lower extremity radiculopathy. The injured worker also reported he had syncopal episodes at least 5 times a week lasting 2 to 10 minutes. The visit on 10/14/2013 noted that the pain continues with severe, disabling pain in the cervical lumbar spine along with insomnia due to pain. He had been on Ambien since 2008 for sleep. The UR decision on 10/28/2013 non-certified the request for Restoril #30 because the long-term efficacy is unproven and not recommended for long term use along with the increased risk of dependence. The dose of Restoril was not specified. It was recommended to taper of 10% to 20% over the next 4 to 8 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Restoril #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning medications Page(s): 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia

Decision rationale: The California MTUS guidelines do not comment on insomnia. According to the Official Disability Guidelines, insomnia medications recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the claimant had been on insomnia medications. Restoril is a benzodiazepine and in this case used for insomnia as well Long -term use of Benzodiazepines are not recommended as is the case for insomnia medications. In this case, the request was for weaning off of Restoril. Although the rate of taper may be appropriate, the baseline dosage for weaning was not specified. As a result, the above request is not substantiated and therefore not medically necessary.