

Case Number:	CM14-0154116		
Date Assigned:	09/23/2014	Date of Injury:	12/31/2011
Decision Date:	11/05/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/22/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 application for independent medical review was signed on September 17, 2014. It was for Restoril (also known as temazepam) 30 mg one tablet at bedtime, number 30. Per the records provided, the claimant was injured back in the year 2011. The patient was seen on July 16, 2014 for left knee and right elbow complaints. The patient was status post knee arthroplasty on the left done on April 4, 2014. There was continued significant left knee pain as well as loss of function. The pain was five out of 10 and it was aggravated by prolonged walking, standing and prolonged climbing or descending stairs. There was some improvement with therapy. The claimant has completed 10 sessions. There was also right elbow pain which had been made worse recently by a spider bite that became infected. The injured worker had contracted a cellulitis. Physical therapy did not help. There was tenderness over the lateral epicondyles. The diagnosis was a right elbow lateral epicondylitis. The injured worker takes Restoril and the pain is made better with rest, medicines and ice. Pertinent surgical history was not provided. Another note describes her as a 48-year-old female injured in 2011. It is not clear how long the patient had been using the Restoril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril (Temazepam 30mg) 1 tablet at bedtime #30: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) is silent on this medicine. The Official Disability Guidelines (ODG) notes regarding sleeping medicines, only short term use is advocated due to tolerance and addictive effects long term. The ODG notes: Recommend that treatment be based on the etiology, with the medications recommended below. See Insomnia. 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. (Lexi-Comp, 2008) Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. In this case, the degree, type and depth of insomnia is not known. It moreover is not clear this is a short term usage; there is some indication that patient has been on sleeping aids for some time, which the guides do not support. The requested treatment is not medically necessary and appropriate.