

Case Number:	CM13-0003588		
Date Assigned:	12/13/2013	Date of Injury:	10/19/2009
Decision Date:	05/06/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	07/26/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain 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:

This is a patient with a date of injury of 10/19/09. A utilization review determination dated 7/8/13 recommends non-certification of Restoril. 9/23/13 medical report is somewhat illegible and identifies trigger points. On exam, there is hypersensitivity left lower extremity with redness and slight atrophy

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF RESTORIL 30MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN CHAPTER, IMSOMNIA TREATMENT.

Decision rationale: Regarding the request for Restoril, CA MTUS Chronic Pain Medical Treatment Guidelines state the benzodiazepines are "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... Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant." ODG notes that Restoril is FDA-approved for sleep-onset insomnia, but only

recommended for short-term use due to risk of tolerance, dependence, and adverse events. Within the documentation available for review, there is no clear description of the patient's insomnia, response to treatment with this medication, and a clear rationale for its long-term use despite the ODG recommendations for short-term use only. In light of the above issues, the currently requested Restoril is not medically necessary.