

<b>Case Number:</b>	CM13-0061274		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/29/2000
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	12/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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 and Rehabilitation and is licensed to practice in Illinois. 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 patient is a 61-year-old male who reported injury on 11/29/2000. The patient's medications as of 07/09/2004 were noted to include Xanax, Neurontin, Vicodin, Zoloft, Soma, metoprolol, hydrochlorothiazide, and Darvocet N. The precise mechanism of injury was not provided. The patient's diagnoses were noted to include Lumbago, degenerative lumbar/lumbosacral intervertebral and thoracic lumbosacral neuritis and radiculitis. The office note dated 11/20/2013 revealed that the patient felt his current medications were effective for pain control and managing depression. The patient's pain was 2/10 with medications. The patient was noted to be able to walk one (1) half mile, sit one (1) hour, stand one (1) hour, lift thirty (30) pounds at waist, and complete his activities of daily living (ADLs), and care for his ill girlfriend. The patient further indicated that Restoril promoted his sleep. The treatment plan was noted to include medication refills, which included Ultram ER, Zoloft 50 mg, Restoril 30 mg at bedtime for pain related sleep disorder, and MiraLax.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RESTORIL 30MG #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Insomnia Treatments.

**Decision rationale:** The Chronic Pain Guidelines do not recommend the use of benzodiazepines as treatment for patients with chronic pain for longer than three (3) weeks due to a high risk of psychological and physiologic dependence. As the physician indicated the medication was being used to assist the patient sleep, secondary guidelines were sought. The Official Disability Guidelines indicate that Restoril is FDA-approved benzodiazepines for sleep maintenance insomnia and it is only recommended for short-term use due to risk of tolerance, dependence, and adverse events. The clinical documentation submitted for review provided evidence the patient had been on the medication for greater than nine (9) years. Therefore, the continued use of this medication would not be supported. Given the above, the request for Restoril 30 mg #30 QTY 30 is not medically necessary.