

<b>Case Number:</b>	CM14-0008280		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	05/15/1987
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### 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 Anesthesiologist Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 71-year-old female who reported an injury on 05/15/1987 after being hit in the face with a car door. The injured worker reportedly sustained an injury to her head. The injured worker ultimately developed chronic pain controlled by medications. The injured worker had complaints of insomnia related to chronic pain. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker was evaluated on 01/02/2014. It was documented that the injured worker had continued sleep disturbances related to chronic pain. It was noted that the injured worker had recently had a decrease in Restoril that caused an increase in sleep disturbances. The injured worker's diagnoses included myalgia, myositis and reflex sympathetic dystrophy. The injured worker's treatment plan included continuation of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RESTORIL 30 MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

**Decision rationale:** The requested Restoril 30 mg #60 is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker has been taking this medication since at least 05/2013. The California Medical Treatment Utilization Schedule does not address insomnia treatments. The Official Disability Guidelines do not recommend the long term use of this medication in the management of chronic pain. As the injured worker has already been on this medication for a duration that exceeds guideline recommendations, continued treatment would not be supported. Additionally, the request, as it is submitted, does not provide a frequency of treatment, therefore, the appropriateness of the request itself cannot be determined. As such, the requested Restoril 30 mg #60 is not medically necessary or appropriate.