

<b>Case Number:</b>	CM14-0169030		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	01/13/2009
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	10/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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 Physical Medicine and Rehabilitation 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 46 year-old patient sustained an injury to the left elbow, left palm and lower back on 1/13/09 from lifting a battery while employed by [REDACTED]. Request(s) under consideration include Restoril 30mg, 1 PO QHS, #30. The patient continues to be treated for strain to the elbow, and lower back. Diagnoses include s/p left lateral epicondylectomy with extensor release/ neurolysis of posterior interosseous nerve on 10/18/12; bilateral lateral epicondylitis; right elbow overuse syndrome; and lumbar disc bulge/degeneration at L4-5. Medications list Norco, Prilosec, Anaprox, and Restoril. Report of 10/2/14 from the provider noted the patient with chronic ongoing elbow and low back pain rated at 8-9/10 with and 10/10 without pain medications. Exam showed no objection information. Restoril was prescribed for sleep interrupted by pain. The request(s) for Restoril 30mg, 1 PO QHS, #30 was non-certified on 10/9/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Restoril 30mg, 1 PO QHS, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24 and 124. Decision based on Non-MTUS Citation Official Disability Guidelines: Insomnia treatment

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

**Decision rationale:** Per the MTUS Chronic Pain Treatment Guidelines, chronic Benzodiazepines are the treatment of choice in very few conditions with tolerance to hypnotic effects developing rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. Submitted reports have not demonstrated any clinical findings or specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how use of this sedative/hypnotic has provided any functional improvement from significant conservative treatment already rendered. The Restoril 30mg, 1 PO QHS, #30 is not medically necessary and appropriate.