

<b>Case Number:</b>	CM14-0045453		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	03/20/2012
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	03/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for low back, hip, and leg pain reportedly associated with an industrial injury of March 28, 2012. Thus far, the applicant has been treated with analgesic medications; a benzodiazepine anxiolytic; a TENS unit; unspecified amounts of physical therapy, chiropractic manipulative therapy, acupuncture; opioid therapy; and extensive periods of time off of work. In a September 25, 2013 progress note, the applicant reported persistent complaints of low back pain radiating to the bilateral lower extremities. The applicant is on Norco, Naprosyn, Restoril, and Skelaxin. The applicant is able to ambulate with aid of a cane. The applicant is asked to obtain psychological consultation to include cognitive behavioral therapy and coping skills. The applicant is placed on total temporary disability, both from a medical and a mental health perspective. The applicant was also described as using Restoril on August 29, 2013, reportedly to ameliorate insomnia. On October 30, 2013, the applicant was again described as using Restoril, Naprosyn, Skelaxin, and Soma. Restoril was apparently being used for insomnia on a nightly basis. The applicant was again placed on total temporary disability. On December 11, 2013, the applicant was again placed on total temporary disability, and authorization was sought for interventional spine procedures. The applicant continued to use Restoril on a nightly basis for insomnia. In a Utilization Review Report dated March 17, 2014, the claims administrator denied a request for Restoril, a benzodiazepine anxiolytic.

### 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 Benzodiazepines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Restoril may be appropriate for brief periods, in this case the applicant's attending provider is seemingly employing Restoril for chronic, long-term, scheduled, and/or nightly usage for insomnia. This is not an appropriate indication for usage, per ACOEM. Therefore, the request is not medically necessary.