

<b>Case Number:</b>	CM14-0175626		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	12/10/2002
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	10/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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 Family Practice, 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 patient is a 60-year-old female with a date of injury on December 10, 2002. The patient is diagnosed with adjustment disorder with mixed anxiety and depression as psychological factors affecting medical condition. The medical records indicate that she was prescribed Restoril 30 mg for sleep q hs since at least February 2013. Per examination narrative dated August 30, 2014, the patient sleeps 7 hours. She is still depressed and still cries. She states medications help. She is prescribed Remeron for depression and Restoril for insomnia. Utilization review on October 14, 2014 certified the request for Remeron. The request for Restoril was noted to be not medically necessary as benzodiazepines are not recommended for long-term use, and weaning was recommended. The peer reviewer approved one script of Restoril for weaning purposes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Restoril 30mg #45:** 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 Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Insomnia treatment

**Decision rationale:** References state that benzodiazepines are not recommended for long-term use. ODG addresses Restoril for the treatment of insomnia and notes: FDA-approved benzodiazepines for sleep maintenance insomnia include temazepam (Restoril). ODG states that " these medications are only recommended for short-term use due to risk of tolerance, dependence, and adverse events (daytime drowsiness, anterograde amnesia, next-day sedation, impaired cognition, impaired psychomotor function, and rebound insomnia). These drugs have been associated with sleep-related activities such as sleep driving, cooking and eating food, and making phone calls (all while asleep). Particular concern is noted for patients at risk for abuse or addiction. "The patient has been on this medication for an extended period of time, and weaning is recommended. It is noted that the prior peer review on October 14, 2014 allowed one script for weaning purposes. I concur with the prior peer reviewer's decision and the request for Restoril is not medically necessary.