

<b>Case Number:</b>	CM14-0197846		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	08/04/2008
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	10/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Emergency 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:

This is a patient with reported date of injury on 8/4/2008. Mechanism of injury is described a lifting injury. Patient has a diagnosis of bilateral shoulder impingement and cervical radiculopathy. Patient is post R (right) wrist fracture. Medical reports reviewed. Last report available until 9/16/14. Patient complains of R shoulder, neck and R wrist pains. Pain is 4-7/10. Objective exam reveals decreased cervical range of motion with tenderness. Spasms and facet tenderness noted. Sensation was decreased to C6-7 dermatomes on R side. Shoulder exam was positive for impingement and painful range of motion. Wrist exam reveals tenderness over triangular fibrocartilage complex. Notes mention that Restoril is for sleep. MRIs and other imaging were reviewed and are not directly relevant to review. Current medications include Norco, Restoril and Prilosec. Independent Medical Review is for Restoril 30mg #30. Prior UR on 10/25/14 recommended non-certification.

### 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 ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Insomnia

**Decision rationale:** MTUS Chronic pain and ACOEM guidelines do not have any direct assessment of Restoril for insomnia due to pain. Restoril is a benzodiazepine used for insomnia. As per ODG guidelines, it recommends treatment of underlying cause of sleep disturbance and recommend short course of treatment. Patient has been on Restoril chronically at least half a year. There is no documentation of other conservative attempts at treatment of sleep disturbance or sleep studies. Patient's sleep problem is noted to be due to pain which should be the primary target for treatment to improve patient's sleep. The number of tablets of 30 is not appropriate for short term use as per ODG Guidelines. The chronic use of Restoril is not medically appropriate and is not medically necessary. Therefore, the request is not medically necessary.