

<b>Case Number:</b>	CM15-0162123		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	08/22/2004
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	07/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Pennsylvania

Certification(s)/Specialty: Family Practice

### 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 57 year old female who sustained an industrial injury on 08-22-2004. The mechanism of injury was not mentioned. Treatment provided to date (as noted in the clinical notes) has included: medications, and conservative therapies/care. There was no diagnostic testing available for review or discussed in the clinical notes. Comorbidities included fibromyalgia, hypertension, thyroid (unspecified), previous strokes (x2), previous heart attacks (x2), and diabetes. There were no other dates of injury noted. On 07-07-2015, physician progress report (PR) states that the injured worker presented for a follow-up of her neck and back pain. The pain was rated 5-7 out of 10 in severity with medications, and neck pain was described as constant. Additional complaints included insomnia. The injured worker had tried melatonin, teas, valerian root and other over-the-counter (OTC) remedies without benefit and requested a low-dose sleep aide. Current medications include methadone, Cymbalta, Depakote, hydrochlorothiazide-triamterene, levothyroxine, Loratadine, Menest, Norvasc, Prozac, and ranitidine. The physical exam revealed restricted range of motion (ROM) in the cervical spine, palpable paraspinal and trapezius spasms at C4-7, positive Spurling's maneuver, 1+ deep tendon reflexes in the upper extremities, decreased sensation in the upper extremities, palpable paraspinal spasms in the thoracic spine and lumbar spine, restricted extension in the lumbar spine, positive straight leg raises on the right, 1+ reflexes in the lower extremities, and decreased ROM in the left shoulder with a positive crossed impingement sign. The provider noted diagnoses of displacement of cervical intervertebral disc without myelopathy, displacement of the intervertebral disc in the lumbar spine without myelopathy, other affections of the shoulder region (not elsewhere classified), and brachial neuritis or radiculitis (not otherwise specified). Plan of care includes prescription for Restoril 7.5mg oral capsule (take 1 pill by mouth at hour of

sleep nightly for 2 weeks), continuation of current medications, encouraged EKG yearly since the injured worker is using methadone, and follow-up in one month. The injured worker's work status was noted as permanent and stationary-disabled. The request for authorization and IMR (independent medical review) includes: Restoril 7.5mg #14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Restoril 7.5mg #14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Insomnia Treatment.

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

**Decision rationale:** According to the 7/7/2015 physician progress note, this worker reported significant difficulty getting to sleep. She requested a sleep aid because OTC medications she tried had not worked. According to the ODG, pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. There is no documentation in the record of evaluation of this worker's insomnia such as possible contributing factors including caffeine, timing of medications, etc. Restoril is FDA approved for sleep maintenance but not for sleep onset insomnia which according to the record is the problem in this case. Furthermore, benzodiazepines are not first line agents for insomnia given their side effect profile. There is no indication in the record that this worker has received a first line agent which includes the non-benzodiazepine sedative-hypnotics. Therefore, the request is not medically necessary.