

<b>Case Number:</b>	CM15-0184868		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	10/10/2014
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: California, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 60-year-old male, who sustained an industrial injury on 10-10-2014. A review of the medical records indicates that the injured worker is undergoing treatment for rotator cuff rupture status post arthroscopic left rotator cuff repair, and shoulder joint pain. On 8-4-2015, the injured worker reported left shoulder pain at the anterior aspect with night pain, limited range of motion (ROM), and weakness. The Treating Physician's report dated 8-4-2015, noted the injured worker was over six months status post left shoulder arthroscopy with rotator cuff repair and subacromial decompression, having good improvement since his previous visit with physical therapy and performing home exercises. The injured worker reported taking Norco as needed with good relief, working at modified duties. The injured worker's current medications were listed as Lisinopril-Hydrochlorothiazide, Omeprazole, Dendracin, Restoril, noted to have been prescribed since at least 12-9-2014, Percocet, and Norco. The shoulder examination was noted to normal active pain free range of motion (ROM), with no tenderness or crepitus noted. The Physician noted the injured worker was advised to take Norco as prescribed, take Restoril as needed, apply ice to the left shoulder as needed, and continue with the formal physical therapy program. The injured worker was noted to be able to return to work with modified duties. The request for authorization dated 7-30-2015, requested Restoril 15mg #30. The Utilization Review (UR) dated 8-19-2015, non-certified the request for Restoril 15mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Restoril 15mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** The MTUS is silent on the treatment of insomnia. With regard to insomnia treatment, the ODG guidelines state "Non-Benzodiazepine sedative-hypnotics (Benzodiazepine- receptor agonists): First-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopicolone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which mean they have potential for abuse and dependency. Although direct comparisons between benzodiazepines and the non-benzodiazepine hypnotics have not been studied, it appears that the non-benzodiazepines have similar efficacy to the benzodiazepines with fewer side effects and short duration of action." Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. (Lexi-Comp, 2008) Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. With regard to medication history, the injured worker has been using this medication since at least 12/2014. The documentation submitted for review does not provide information regarding sleep onset, sleep maintenance, sleep quality or next day functioning to support the medical necessity of a sleep aid. The request is not medically necessary.