

<b>Case Number:</b>	CM15-0199321		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	06/20/2008
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

### 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 51 year old male, who sustained an industrial injury on 06/20/2008. Diagnoses include major depression with psychotic features, panic disorder with agoraphobia, and cognitive disorder due to traumatic brain injury, somatoform disorder, and insomnia. Treatments to date include activity modification, medication therapy, psychotherapy, and biofeedback. He reported symptoms of anxiety, and an emotional handicap secondary to physical symptoms. He had been treated with psychotropic medications and psychotherapy for over one year. On 09/14/2015 he reported improvement of insomnia, anxiety, and depression with decreased auditory and visual hallucinations. He reported greatly decreased memory and concentration, energy, sociability, and panic attacks. Current medications included Cymbalta, Xanax, Seroquel, and Restoril since at least 03/20/2015. The plan of care included ongoing medication therapy. The appeal requested authorization for Restoril 40mg #90 with two refills. The UR of 09/17/2015, denied the request. There is a RFA of 10/12/2015 by [REDACTED] of [REDACTED] requesting Norco, Prilosec and Lidoderm. The patient required transportation until narcotics can be discontinued allowing him to drive again.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Restoril 30mg #90 with 2 Refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

**Decision rationale:** Benzodiazepines are not recommended for long-term use. MTUS and ODG guidelines limit use to 4 weeks. Tolerance to hypnotic effects develops rapidly. The patient has been on this agent since at least 03/2015, clearly exceeding guidelines. There is no mention of any trial of another agent such as a sedating antidepressant or sleep hygiene education. This request is denied, NOT medically necessary.