

Case Number:	CM14-0137708		
Date Assigned:	09/05/2014	Date of Injury:	11/23/2010
Decision Date:	11/14/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/26/2014

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 Internal 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:

The patient is 64 year old female who was injured on 11/23/2010 when she slipped and fell on black ice, sustaining an injury to her left ankle. The patient was seen on 07/14/2014 with continued complaints of difficulty with sleeping but she noted it has improved with Restoril. She has been utilizing this medication since 01/06/2014. In review of records, the patient has no diagnosis of insomnia or any sleep studies documented. Prior utilization review dated 08/13/2014 states the request for Restoril 30mg #30 is not certified as it is not recommended for long term use.

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 Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The guidelines do not recommend benzodiazepines for long-term use due to risk of tolerance and dependence. In general, the guidelines do not recommend treatment with benzodiazepines for longer than 4-6 weeks. Benzodiazepines are not recommended for chronic

treatment of insomnia and sleep disturbances. The patient has been taking Restoril for longer than the recommended duration. There was inadequate documentation of conservative therapy and evaluation of the patient's sleep disturbances. The request did not include a frequency. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.