

<b>Case Number:</b>	CM14-0139060		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	01/12/2007
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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, has a subspecialty in Nephrology 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 53 year old male with a 1/12/2007 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 7/18/14 noted subjective complaints of sleep difficulty secondary to pain. Objective findings included mildly antalgic gait. A 5/14 progress report notes that medications included Restoril. Diagnostic Impression: cervical radiculopathy, right shoulder rotator cuff tear vs impingement syndrome Treatment to Date: medication management, SI joint injection A UR decision dated 8/19/14 denied the request for Restoril 30 mg. There is insufficient documentation indicating a need for this medication, as a sleep disorder is never mentioned. Also, this is a benzodiazepine and long-term use of this class of medication is not supported by MTUS due to tolerance and side effect potential.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Restoril 30mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. However, with a 2007 original date of injury, it is unclear how long the patient has been taking benzodiazepines. Additionally, the guidelines state that chronic benzodiazepines are the treatment of choice in very few conditions and that long-term use can lead to dependence and misuse. At minimum, the patient has been taking Restoril since 5/14. There is no clear indication for continued use of benzodiazepines. Finally, the frequency and number are not specified. Therefore, the request for Restoril 30 mg was not medically necessary.