

<b>Case Number:</b>	CM14-0159281		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	10/01/2003
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	09/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Family Practice 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:

A 59 yr. old male claimant sustained a work injury on 10/1/03 involving the neck and low back. He was diagnosed with degeneration of the vertebral discs, cervical radiculopathy, lumbar spinal stenosis and lumbosacral neuritis. He had an insertion and removal of a spinal cord stimulator as well as lumbar spine surgery. A progress note on 8/22/14 indicated the claimant had continued neck pain. Exam findings were notable for lumbar paraspinal tenderness. He was continued on Restoril 30 mg qhs. He had been on Restoril for several months for sleep disturbance. Prior to that he was on Ambien in April 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Restoril 30mg #18:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia

**Decision rationale:** According to the MTUS guidelines, Benzodiazepines such as Restoril 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. The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, recommend that treatment be based on the etiology, with the medications. 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. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the claimant had been on Restoril for several months. The type of sleep disturbance and response to Restoril are not outlined. Long-term use is not recommended. Continued use of Restoril is not medically necessary.