

<b>Case Number:</b>	CM15-0068100		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	06/30/2000
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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: North Carolina, Georgia  
Certification(s)/Specialty: Family Practice

### 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 45 year old male, who sustained an industrial injury on 6/30/2000. The mechanism of injury was not provided for review. The injured worker was diagnosed as having cervical disc degeneration, cervical facet arthritis and status post anterior cervical discectomy and fusion. There is no record of a recent diagnostic study. Treatment to date has included surgery, physical therapy, occupational therapy, aquatic therapy, chiropractic care, TENS (transcutaneous electrical nerve stimulation), home exercise, acupuncture and medication management. In a progress note dated 2/27/2015, the injured worker complains of low back pain, left leg numbness and neck pain that radiated to the bilateral arms. The treating physician is requesting Restoril.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Restoril 15 mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-pain chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Insomnia Treatment.

**Decision rationale:** CA MTUS guidelines state that benzodiazepines are not recommended for long term use because long term efficacy is unproven and there are risks of dependency. Guidelines generally limit use to 4 weeks. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Restoril is often used for insomnia, ODG guidelines specify that prior to institution of pharmacological therapy, a comprehensive assessment of causes of insomnia and institution of behavioral interventions should be undertaken. There is no documentation of any comprehensive insomnia evaluation. Use of Restoril is not medically indicated.