

<b>Case Number:</b>	CM15-0074836		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	10/19/2008
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 60 year old female who sustained an industrial injury on 10/19/2008. Current diagnoses include cervical radiculitis, SLAP lesion-right shoulder, cervical degenerative disc disease, myofascial pain, and lumbar facet arthropathy. Previous treatments included medication management, right shoulder surgeries, and physical therapy. Medical report dated 03/11/2015 noted that the injured worker presented with complaints that included neck pain. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included continuing with current medications and follow up with primary care provider. Disputed treatments include Restoril.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Restoril 15mg, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Insomnia Treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines section Weaning of Medications section Page(s): 24, 124.

**Decision rationale:** The MTUS Guidelines do not recommend the use of benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence, and long-term use may actually increase anxiety. The injured worker has already been on this medication for insomnia for over four weeks, and tapering is recommended when used for greater than two weeks. This request is for continued use, and not for tapering or weaning off the medication. Continued use of Restoril is not consistent with the recommendations of the MTUS Guidelines. The request for Restoril 15mg, #30 is determined to not be medically necessary.