

Case Number:	CM15-0094764		
Date Assigned:	05/20/2015	Date of Injury:	06/22/2006
Decision Date:	06/25/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/15/2015

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: Arizona, California
 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 59 year old male, who sustained an industrial injury on 06/22/2006 as a result of a motor vehicle accident. On provider visit dated 04/16/2015 the injured worker has reported anxiety, tension, and irritability were noted as reduced. Jumpiness and hyper alertness was noted as reduced as well. And heightened anxiety and physiologic reactivity remain the same with a reduced recurrent and intrusive thought process noted. On examination the injured worker was noted as less tense and dysphoric mood and denied psychotic symptoms or thoughts of harming self or others. The diagnoses have included post traumatic street disorder, depressive disorder. Treatment to date has included Wellbutrin SR for depression, Ativan for anxiety, Restoril for insomnia and other noted medication as well. The provider requested Restoril 30mg #30.

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: 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): 23. Decision based on Non-MTUS Citation ODG- pain chapter and insomnia pg 64.

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, insomnia medications 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. Restoril is a Benzodiazepine. It was prescribed for insomnia for several months. According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes: sedation, anxiolytic, anticonvulsant and muscle relaxant. In this case, there was no mention of failure in behavioral intervention to aid in sleep. Sleep etiology was not defined. Long-term use of Restoril is not medically necessary.