

Case Number:	CM15-0095824		
Date Assigned:	05/22/2015	Date of Injury:	08/04/2008
Decision Date:	06/26/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/18/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 8/4/2008. She reported right shoulder, right wrist, and neck pain. The injured worker was diagnosed as having bilateral shoulder impingement, cervical radiculopathy, and status post right distal radius fracture. Treatment to date has included medications, urine drug testing, psychiatric testing, magnetic resonance imaging of left shoulder (3/28/2012), magnetic resonance imaging of the cervical spine (3/28/2012), magnetic resonance imaging of the right shoulder (3/28/2012), sleep study report (11/5/2014), behavioral sleep assessment (11/4/2013). The request is for Restoril. On 11/3/2013, a sleep assessment was completed as per the sleep study report dated 11/5/2014, which revealed she rated her sleep as poor, and attains 3 hours of continuous sleep on most nights. She reported going to bed at 9 PM and not falling to sleep for 6 hours. The diagnostic impression is indicated to be: obstructive sleep apnea, sleep onset/sleep maintenance insomnia, periodic limb movement disorder, excessive daytime sleepiness, and pain disorder, anxiety and depression disorder, as well as cognitive disorder. On 11/4/2014, she complained of right wrist pain, right shoulder pain, and neck pain. She rated her pain 4/10 with medications, and 7/10 without, noting that the right shoulder pain she rated 8/10. On 2/3/2015, he complained of continued pain to the right wrist, right shoulder, and neck. She felt the pain to be worsened. She rated her pain a 7/10 with medications and 10/10 without medications. Physical examination revealed spasms in the neck and range of motion is decreased and painful, and facet tenderness is noted, and tenderness to the cervicotracheal ridge. The shoulders revealed a positive impingement sign bilaterally along with painful range of motion, and the right wrist revealed

decreased grip strength, and tenderness, and a noted ulnar deviation. The treatment plan included: right shoulder open decompression and rotator cuff repair, follow up, Norco, Prilosec, and Restoril. On 4/7/2015, she had continued right wrist, right shoulder and neck pain complaints. She indicated with medications she could go to sleep. The records are not clear regarding ongoing, continued or current sleep difficulties.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril 30mg Qty: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. p24 Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): (1) Mental Illness & Stress, Insomnia; (2) Mental Illness & Stress, Insomnia treatment.

Decision rationale: The claimant sustained a work-related injury in August 2008 and continues to be treated for neck and right shoulder and wrist pain. Her BMI is over 26 and she has been diagnosed with obstructive sleep apnea. Restoril (temazepam) is a benzodiazepine used to treat insomnia symptoms. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the claimant has obstructive sleep apnea, which could be directly treated. The continued prescribing of Lunesta is not medically necessary.