

<b>Case Number:</b>	CM13-0014676		
<b>Date Assigned:</b>	10/04/2013	<b>Date of Injury:</b>	04/05/2008
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	08/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 physician 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:

The patient is a 39 year-old male who reported a work-related injury on 04/05/2008 as result of a contusion to his lumbar spine, pelvis, and lower extremities. The clinical note dated 06/11/2013 reports the patient presents for treatment of the following diagnoses, neck pain, chronic low back pain, and right leg pain; inconsistent urine drug screen positive for cocaine x2. The clinical note documents the patient was seen under the care of [REDACTED]. The provider documented the patient was status post a total hip replacement on the right side. The patient reports a significant improvement of his pain and is ambulating without any crutches. The patient utilizes the following medication regimen, Suboxone 8 mg twice a day, Relafen 750 mg twice a day, Colace 100 mg 3 to 4 a day, Zoloft 50 mg 1 by mouth every day, Prilosec 20 mg by mouth every day, and Restoril 30 mg 1 by mouth at bedtime. The provider documents the patient is ambulating better with no obvious limp at all. The patient is status post right hip replacement x2 months. The patient has good range of motion with ambulation per the provider. The provider recommended the patient to continue his aquatic therapies to rehabilitate the right hip. The patient was rendered prescriptions for Suboxone, Relafen, Senokot-S, Zoloft, Prilosec, and Restoril.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Restoril #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

**Decision rationale:** The current request is not supported. The clinical documentation submitted for review reports the patient continues to present with pain complaints status post a work-related injury sustained in 2008. The most recent documentation submitted for review by [REDACTED], treating provider, fails to document the patient's reports of efficacy with utilization of Restoril for any sleep pattern complaints. Additionally, the clinical notes document the patient has been utilizing this medication since at least early 2012. California MTUS indicates, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is risk of dependence. Most guidelines limit use to 4 weeks. Additionally, the provider documented the patient has presented with inconsistent urine drug screens evidencing cocaine use. Given all of the above, the request for Restoril number thirty (30) is not medically necessary or appropriate.