

<b>Case Number:</b>	CM13-0030068		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	05/18/2007
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2013

### 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 Illinois. 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 56-year-old male who reported an injury on 05/18/2007. The mechanism of injury was not provided. The patient's surgical history as it relates to his injury includes multi-level decompressions and fusions in 2010. He also received several diagnostic tests including an electromyography (EMG) of the bilateral upper extremities in 2011 resulting in confirmation of a C-6 radiculopathy; EMG of the bilateral lower extremities, resulting in confirmation of L-1 and S-1 radiculopathy; and MRIs of cervical and lumbar spines corroborating the EMG findings. The patient had a spinal stimulator place in 2011, and routinely receives 60% pain relief from it, he receives trigger point injections on an as needed basis, and is on a medication pain management regime.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Restoril 15mg, one to two (1-2) tabs every bedtime:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), and the ODG-TWC Index (updated 06/07/2013), Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The MTUS Guidelines do not recommend long-term use of benzodiazepines due to their risk of dependence. The recommended time of usage is four (4) weeks. The patient was initially prescribed the Restoril on June 19, 2013; however, there was no mention of sleep difficulties in that clinical note. There was also no limited number of medications to be dispensed in the request, indicating a limited four (4) week time of use.