

<b>Case Number:</b>	CM14-0109248		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	10/30/2005
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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. The expert reviewer is Board Certified in Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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/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 injured worker is a 54-year-old male who reported an injury on 10/30/2005. The mechanism of injury was not provided. On 06/09/2014, the injured worker presented with pain affecting the lumbar spine radiating to the lower right extremity. He also reported bilateral shoulder pain. Upon examination of the lumbar spine, there was tenderness to palpation and full active range of motion in all planes. The neurovascular status was intact distally and there was a positive bilateral straight leg raise. Examination of the bilateral shoulders revealed tenderness to palpation. There was limited range of motion with flexion, abduction, and external rotation. The diagnoses were lumbar disc disease, L1-2 disc degeneration and degenerative changes, chronic thoracic strain, right shoulder rotator cuff syndrome, right elbow tendonitis, and psyche issues and sleep issues. Prior medications included Restoril and Ultram. The provider recommended Restoril of 15 mg with a quantity of 30, the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Restoril (temazepam 15mg ) # 30:** Upheld

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

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

**Decision rationale:** The request for Restoril (Temazepam 15mg) # 30 is not medically necessary. The California MTUS Guidelines do not recommend the use of benzodiazepines for long term use because long term efficacy is unproven and there is a risk for dependence. Most guidelines limit the use for 4 weeks. The injured worker was previously prescribed Restoril. However, the efficacy of the medication was not provided. The provider's request for a continued prescription of Restoril 15 mg with a quantity of 30 exceeds the guidelines recommendation of a 4 week limit. Additionally, the frequency of the medication was not provided in the request as submitted. As such, this request is not medically necessary.