

<b>Case Number:</b>	CM14-0016333		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	07/08/2011
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 Occupational Medicine 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 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 patient is a 46 year old female who was injured on 07/08/2011 when she fell on her knees and twisted her right shoulder. Prior treatment history has included endoscopic repair of the right shoulder on 09/02/2011 and right knee surgery on 05/05/2012. The patient also received physical therapy but there is no additional documentation submitted. Diagnostic studies reviewed include EMG/NCV dated 11/05/2013 revealing bilateral mild carpal tunnel syndrome and left chronic C7 radiculopathy. IME report dated 01/07/2014 mentioned that the recommended medications including Norco and Restoril were authorized on 07/19/2013 and 08/16/2013. PR-2 dated 01/17/2014 documented the patient to have complaints of worsening pain that affects her lumbar spine, right shoulder, and right knee as well as pain in her coccyx. The pain in her lumbar spine radiates down bilateral legs. She has been taking Meloxicam on an as needed basis and Norco on an as needed basis. She reports improvement in her pain level from 8/10 to 4/10 after taking medication. She does have trouble sleeping and states she has headache and neck pain. Objective findings on exam reveal skin has itching, lumps and dryness. Positive for back pain and muscle or joint pain. Neurological exam is positive for numbness, tingling and weakness. Psychiatric is positive for stress, depression and nervousness. Examination of the lumbar spine revealed limitation in range of motion. There was tenderness noted over the paraspinal bilaterally. Straight leg raise test is positive for back pain only. The diagnoses are right shoulder rotator cuff tear, status post repair, chronic lumbar strain with disc bulge and hypertrophic facets and right knee meniscus tear, status post arthroscopy. The patient is indicated for EMG/NCV of the bilateral upper and lower extremities to rule out cervical and lumbar radiculopathy and carpal tunnel syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE REQUEST FOR RESTORIL 15MG #30 (TEMAZEPAM) 1-2 TABLETS PO, 30 MINUTES BEFORE BED: Upheld**

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

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

**Decision rationale:** According to California MTUS guidelines, Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit their use to 4 weeks. The medical records dated 01/07/2014 document that Restoril ( Benzodiazepine ) was recommended twice on 07/19/2013 and 08/16/2013. Therefore; Restoril 15mg # 30 is not in accordance with the above cited guidelines and not medically necessary.