

<b>Case Number:</b>	CM14-0098991		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	09/19/2011
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	06/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 36-year-old female who was reportedly injured on 9/19/2011. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated 5/29/2014, indicated that there were ongoing complaints of chronic low back pain that radiated into his bilateral lower extremities. The physical examination demonstrated straight leg raise was positive bilaterally. Bilateral lower extremity muscle strength 5/5. Deep tendon reflexes 2+ symmetrical bilateral lower extremities. Patient ambulates with an antalgic gait, forward flexed trunk, and uses a standard cane. No recent diagnostic studies are available for review. Previous treatment included lumbar fusion, epidural steroid injections, physical therapy and medication. A request was made for Restoril 15mg #60 and was not certified in the pre-authorization process on 6/6/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Temazepam (Restoril) 15mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 -9792.26, MTUS (Effective July 18, 2009) Page(s): 24.

**Decision rationale:** Benzodiazepines like Restoril are not recommended for long-term use, because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. After review of the medical records provided, there was no finding of any objective clinical documentation necessitating the continued use of this medication. Therefore, this request is deemed not medically necessary.