

<b>Case Number:</b>	CM15-0190603		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	04/26/2010
<b>Decision Date:</b>	11/10/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 59 year old male with an industrial injury dated 04-26-2010. A review of the medical records indicates that the injured worker is undergoing treatment for bilateral L5-S1 radiculopathy, decubitus ulcer sacrum, early pressure ulcer left calcaneus, erectile dysfunction, head contusion, neurogenic bladder, paraplegia, right carpal tunnel syndrome, status post cervical discectomy and fusion C4-C7 on 09-10-2011, status post lumbar decompression and fusion with pedicle screw instrumentation T11-T12, status post thoracic laminectomy T2 to T6 and status post lumbar laminectomy and discectomy with interbody fusion and pedicle screw instrumentation L4-L5. According to the progress note dated 09-02-2015, the injured worker reported ongoing pain and numbness in the low back and constipation. The injured worker reported that Zanaflex has helped to reduce his tremors. Objective findings (09-02-2015) revealed weakness of the left upper extremity, loss of function of bilateral lower extremities and weak grip on the left side. Treatment has included diagnostic studies, prescribed medications, and periodic follow up visits. The treatment plan included the discontinuation of trazadone due to possible cause of hypotension and replacement of Restoril as a sleeping aide. The treating physician prescribed Restoril 15mg #30. The utilization review dated 09-15-2015, denied the request for Restoril 15mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Restoril 15mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

**Decision rationale:** Temazepam (Restoril) is a benzodiazepine hypnotic often prescribed for the treatment of anxiety/insomnia. Per the MTUS Chronic Pain Treatment Guidelines, chronic benzodiazepines are the treatment of choice in very few conditions with tolerance to hypnotic effects developing rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. The reports have not demonstrated any clinical findings or confirmed diagnoses of sleep disorders to support its use for this chronic 2010 injury. There is no failed trial of behavioral interventions or proper pain management as the patient continues on opiates with stated pain relief to hinder any sleep issues. Submitted reports have not demonstrated any specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep. The Restoril 15mg #30 is not medically necessary and appropriate.