

<b>Case Number:</b>	CM15-0023448		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	07/07/2011
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: Family Practice

### 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 57-year-old male who sustained an industrial injury on 07/07/2011. Current diagnoses include medial meniscal tear of the left knee, left C6 and C7 radiculopathy, L3-4 disc degeneration, L2-5 facet arthroplasty/disc degeneration, C5-T1 stenosis, C5-6, C6-7, and C7-T1 disc degeneration, rule out cervical pseudarthrosis, C5-T1, status post left knee surgery, status post C5-T1 anterior cervical discectomy and fusion with cage and instrumentation, and C3-C4 spondylolisthesis. Previous treatments included medication management, left knee arthroscopy, partial meniscectomy and chondroplasty on 10/04/2013, facet blocks, and cervical spine surgery. Report dated 01/15/2015 noted that the injured worker presented with complaints that included neck pain from the base of the neck through the paraspinal muscles of the cervical spine, and low back pain in the mid lumbar spine. Pain level was documented as 8 out of 10 on visual analog scale (VAS). Physical examination was positive for abnormal findings. Current medication regimen included Restoril, Xanax, Phenergan, Imitrex, Norco, Zanaflex, Oxycontin, and Cymbalta. Utilization review performed on 01/29/2015 non-certified a prescription for Restoril, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Restoril 30mg Q HS #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Temazepam and Benzodiazepines

**Decision rationale:** According to the 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 use to 4 weeks. According to the Official Disability Guidelines, "adults who use hypnotics, including benzodiazepines such as temazepam, have a greater than 3-fold increased risk for early death, according to results of a large matched cohort survival analysis. The risks associated with hypnotics outweigh any benefits of hypnotics, according to the authors. In 2010, hypnotics may have been associated with 320,000 to 507,000 excess deaths in the U.S. alone. A dose-response effect was evident, with a hazard ratio of 3.60 for up to 18 pills per year, 4.43 for 18-132 pills per year, and 5.32 for over 132 pills per year. (Kripke, 2012) The AGS updated Beers criteria for inappropriate medication use includes benzodiazepines. (AGS, 2012)". It should also be pointed out that the injured worker is also being prescribed another benzodiazepine, Xanax, and opioids. The combination of these medications increases the risk of respiratory depression and puts the injured worker at an increased risk of morbidity and mortality. The request for Restoril 30mg Q HS #30 is not medically necessary.