

Case Number:	CM15-0024721		
Date Assigned:	02/17/2015	Date of Injury:	03/22/2006
Decision Date:	03/30/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 53 year old male, who sustained a work related injury on 3/22/06. The diagnoses have included status post lumbar surgery x 2, bilateral L4 radiculopathy, chronic intractable pain and erectile dysfunction. Treatments to date have included lumbar surgery x 2, acupuncture, chiropractor treatments, oral medications including Restoril, electrical stimulation, MRI lumbar spine, and x-rays of lumbar spine. In the PR-2 Orthopedic Consultation dated 1/20/15, the injured worker complains of neck pain. He rates the pain a 5/10 on medications and 7/10 off medications. He complains of low back pain with numbness to posterior thighs. He rates this pain a 5/10 on medications and a 7-8/10 off of medications. He walks with a limp and favors right leg. He has tenderness to palpation of lumbar spine area. He has decreased range of motion in lower back. On 2/2/15, Utilization Review non-certified a request for Restoril 30mg. The California MTUS, Chronic Pain Treatment Guidelines and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril 30mg: Upheld

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

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

Decision rationale: The claimant is nearly 10 years status post work-related injury and continues to be treated for chronic low back and radiating neck pain. Restoril (temazepam) is a benzodiazepine used to treat insomnia symptoms. Benzodiazepine medications are not recommended for long-term use. Long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Gradual weaning is recommended for long-term users. Therefore the ongoing prescribing of Restoril is not medically necessary.