

<b>Case Number:</b>	CM15-0223573		
<b>Date Assigned:</b>	11/19/2015	<b>Date of Injury:</b>	10/23/2003
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 62-year-old male sustained an industrial injury on 10-23-03. Documentation indicated that the injured worker was receiving treatment for lumbar post laminectomy syndrome, lumbar radiculopathy, chronic pain and depression. Previous treatment included lumbar fusion (2007), epidural steroid injections, transcutaneous electrical nerve stimulator unit, acupuncture, physical therapy and medications. In a SOAP note dated 8-4-15, the injured worker complained of ongoing low back pain with radiation into bilateral legs, associated with numbness and tingling. The injured worker complained of "sleep disturbances" due to pain. The injured worker reported that if he didn't take Nortriptyline, he did not sleep; however, Nortriptyline caused itchiness. The physician recommended a trial of Restoril. In a SOAP note dated 9-23-15, the injured worker reported that he continued to have sleep disturbances due to pain and numbness of his legs. The injured worker rated his pain 7 to 8 out of 10 on the visual analog scale without medications and 3 to 4 out of 10 with medications. The injured worker stated that Lidoderm patch helped more than Nortriptyline. The treatment plan included starting Cymbalta, continuing Lidoderm patch and Norco and a trial of Restoril. On 10-14-15, Utilization Review noncertified a request for Restoril 15mg #45 with one refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Restoril 15mg quantity 45 with one refill: Upheld**

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

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

**Decision rationale:** This 62 year old male has complained of lower back pain since date of injury 10/23/2003. She has been treated with surgery, epidural steroid injection, TENS, acupuncture, physical therapy and medications to include Restoril for at least 8 weeks duration. Per the MTUS guideline cited above, benzodiazepines are not recommended for long term use (no longer than 4 weeks) due to unproven efficacy and significant potential for dependence. On the basis of the MTUS guideline cited above, Restoril is not indicated as medically necessary in this patient.