

<b>Case Number:</b>	CM15-0034308		
<b>Date Assigned:</b>	03/02/2015	<b>Date of Injury:</b>	09/26/2008
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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, 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 63 year old male, who sustained an industrial injury on 9/26/2008. The diagnoses have included chronic cervicgia, lumbar disc degeneration, lumbar facet arthropathy, chronic pain, bilateral upper and lower extremity radicular pain and recurrent myofascial strain. Treatment to date has included medications and activity adjustments. Currently, the IW complains of neck pain with radiation down the upper extremities and bilateral occipital headaches. He also reports low back pain with no radiation. Objective findings included lumbar paraspinal spasm and tenderness to the paravertebral area upon palpation with restricted range of motion. Magnetic resonance imaging (MRI) of the lumbar spine dated 9/23/2013 revealed multilevel degenerative changes. On 1/22/2015, Utilization Review modified a request for Restoril 30mg #30 noting that the medication is not indicated for long term use and weaning is recommended. The MTUS was cited. On 2/23/2015, the injured worker submitted an application for IMR for review of Restoril 30mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Restoril 30 mg Qty 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) Chronic Pain, Sleep Medication, Insomnia treatment.

**Decision rationale:** Regarding the request for temazepam (Restoril), Chronic Pain Medical Treatment Guidelines state the 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." 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. Within the documentation available for review, there is no description of the patient's sleep complaints, failure of behavioral treatment, response to medication, etc. As such, there is no clear indication for use of this medication. In light of the above issues, the currently requested temazepam (Restoril) is not medically necessary.