

<b>Case Number:</b>	CM14-0166275		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	06/04/2014
<b>Decision Date:</b>	11/13/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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. The expert reviewer is Board Certified in Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 51 year old female who was injured at work on 06/04/2012. The injured worker is reported to have injured her wrists from repetitive injury at work, and as a result of a direct hit on her right wrist by a falling oven door. She was treated with physical therapy and medications, but as her condition persisted, she had MRI, CT scan and Nerve studies. The nerve studies revealed bilateral median neuropathy at both wrists consistent with carpal tunnel syndrome, and left mild ulnar nerve dysfunction. During a doctor's visit on 08/20/14 she was reported to have complained of 4-5/10 pain in the right hand and wrist, left wrist and elbow. The physical examination was positive for flexor tendon nodule and tenderness in the right middle finger, and positive tinel's sign in both wrists. She has been diagnosed of status right carpal tunnel release, left cubital tunnel syndrome, and bilateral wrist tendonitis. Her Treatments with Norco and Restoril were briefly stopped for a period of time for urine drug testing. At dispute is 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 Treatment Guidelines Benzodiazepines Page(s): 24.

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

**Decision rationale:** The injured worker sustained a work related injury on 06/04/2012. The medical records provided indicate the diagnosis status right carpal tunnel release, left cubital tunnel syndrome, and bilateral wrist tendonitis. Her treatments have included physical therapy, surgery, and currently Norco and Restoril (Temazepam). The medical records provided for review do not indicate a medical necessity for Restoril 15mg #30. When indicated, the MTUS limits the use of the benzodiazepines for 4 weeks due to side effects. The medical records do not indicate the injured worker suffers from a condition requiring the use of sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant; besides she had been using it until it was briefly stopped to allow for drug screen. Therefore, the requested treatment is not medically necessary.