

<b>Case Number:</b>	CM15-0110051		
<b>Date Assigned:</b>	06/16/2015	<b>Date of Injury:</b>	11/02/2000
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 56 year old female, who sustained an industrial injury on 11/2/00. She reported pain in her lower back. The injured worker was diagnosed as having status post lumbar fusion, thoracic pain, lumbar pain and lumbar stenosis. Treatment to date has included a lumbar fusion, a lumbar MRI on 2/4/15 showing a 2mm disc bulge at L2-L3 and a 4mm disc bulge at L3-L4 and Botox injections on 3/13/15 with 75% relief in radicular pain. Current medications include Tramadol, Tizanidine, Relafen, Prilosec, Colace, Cymbalta and Temazepam (since at least 7/16/14). As of the PR2 dated 4/23/15, the injured worker reports low back pain. She is doing well on the current medications. The treating physician noted no significant changes since previous visit. On 5/21/15, the injured worker reported ongoing low back pain. She is working full time. Objective findings include tenderness to the lumbar paraspinal muscles with active spasms. There is no documentation regarding sleep quality or disturbances. The treating physician requested to continue Restoril 30mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO: Restoril 30mg, #30 (Dispensed on 4/23/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Muscle relaxants (for pain) Page(s): 24, 66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Benzodiazepines.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, RETRO: Restoril 30 mg #30 (Dispensed on 4/23/2015) is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. The Official Disability Guidelines do not recommend Restoril. In this case, the injured worker's working diagnoses are status post L4-L5 and L5 - S1 lumbar fusion. The treatment plan includes a one-month supply of Tizanidine 4 mg, Relafen 750 mg, and Restoril. There is no documentation of insomnia in the medical record. The Official Disability Guidelines do not recommend Restoril. The additionally, benzodiazepines are not recommended for long-term use (longer than two weeks. The treating provider has continued to prescribe Restoril in excess of seven months. Consequently, absent compelling clinical documentation to support the use of Restoril, prescribed greater than seven months in excess of the recommended guidelines (not recommended for long-term use), RETRO: Restoril 30 mg #30 (Dispensed on 4/23/2015) is not medically necessary.