

<b>Case Number:</b>	CM15-0128756		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	11/29/2011
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 55 year old male, who sustained an industrial injury on 11/29/11. He reported cumulative trauma with repeatedly lifting heavy garbage cans, causing shoulder, elbow, and knee and lung pain. The injured worker was diagnosed as having sprains and strains of shoulder and upper arm and sprains and strains of knee and leg. Treatment to date has included oral medications including Clonazepam, Zoloft, Lithium and Diazepam and a functional restoration program. Currently on 4/16/15, the injured worker notes a lot of mood instability. He is not working. Objective findings noted on 4/16/15 revealed a fluctuation between depression and a highly irritable state. A request for authorization was submitted on 6/18/15 for refilling Restoril 0.5mg #30 with 3 refills. The treatment plan included discontinuation of Clonazepam and addition of Restoril for sleep and a mood log.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Restoril 0.5 mg Qty 30, at bedtime, with 3 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain-Insomnia Treatment.

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

**Decision rationale:** Restoril (Temazepam) is an intermediate-acting 3-hydroxy hypnotic of the benzodiazepine class of psychoactive drugs. It is approved for the short-term treatment of insomnia. According to CA MTUS Guidelines, benzodiazepines are prescribed for anxiety. They are not recommended for long-term use for the treatment of chronic pain because long-term efficacy is unproven and there is a risk of dependency. There is no documentation provided indicating that the patient has a diagnosis of insomnia or indicating the duration of therapy with this medication. There are no guideline criteria that support the long-term use of benzodiazepines for sleep disturbances. There is no subjective documentation of insomnia. The progress note dated 4/16/15 noted the injured worker had significant insomnia and would prescribe low doses of Restoril for the injured worker because he really didn't want to use Ambien in this injured worker. On 5/28/15, the progress note stated the injured worker was utilizing Ambien for insomnia and he noted over sedation with Trazadone. Medical necessity for the requested medication has not been established. The request for Restoril is not medically necessary.