

<b>Case Number:</b>	CM15-0099080		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	03/04/2008
<b>Decision Date:</b>	08/14/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 41-year-old female with an industrial injury dated 03/04/2008. The submitted records are dated 2013 and 2014 Her diagnoses included lumbar disc protrusion with extrusion at lumbar 5- sacral 1 level and disc bulge lumbar 4-lumbar 5 level, lumbar facet hypertrophy, right sided sacral 1 lumbar radiculopathy, lumbar facet syndrome, major depression and chronic myofascial pain syndrome. Prior treatment included medial branch blocks, psychiatrist visits, psychiatric medications, anti-inflammatory medication, and muscle relaxant and stomach protectant. She presents on 01/03/2014 with complaints of severe escalation of localized low back pain axially radiating in mid back and neck. She rates the pain as 7-9/10. Prolonged sitting, descending stairs and lifting heavy objects make her pain worse. In cold weather, "her pain is unbearable." She reports 70% pain relief after medial branch blocks for 2 weeks and then pain returned. Physical exam noted paravertebral muscle spasm and localized tenderness is present in lumbar facet joint area at lumbar 3-4, lumbar 4-5 and lumbar 5-sacral 1. Range of motion of lumbar spine is restricted. There was increased lumbar lordosis. Hyperextension maneuver of lumbar spine is positive. There was non-dermatomal diminished sensation to light touch in the right leg. The request is for Viibryd 40 mg # 30 is not listed on the application. The treatment request is for Restoril 15 mg # 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Restoril 15mg #60: 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 Benzodiazepine Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Temazepam and Other Medical Treatment Guidelines Temazepam (Restoril) package insert.

**Decision rationale:** Temazepam is a benzodiazepine. MTUS states regarding benzodiazepine, "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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. 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. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." ODG also notes "Not recommended" and "Criteria for use if provider & pay or agree to prescribe anyway: 1) Indications for use should be provided at the time of initial prescription. 2) Authorization after a one-month period should include the specific necessity for ongoing use as well as documentation of efficacy." Medical records indicate that the patient has been on benzodiazepines far in excess of 4 weeks. Based on the medical documentation provided, there is no evidence of functional improvement from Restoril. As such, the request for Restoril 15mg #60 is not medical necessary.