

<b>Case Number:</b>	CM13-0025619		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	06/04/2003
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	08/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/17/2013

### 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 Occupational Medicine and is licensed to practice in Illinois. 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 56 year old woman. On June 4, 2003, she felt a pop on the left side of her lower back which caused her to experience increased back pain with radiation down her legs as well as bilateral leg numbness and tingling. She continues to smoke. She takes pain medication and wears a back brace. She has had a posterior decompression and fusion of her lumbar spine at L3-L4 with a posterior interbody cage and pedicle screw hardware on Jan 11, 2011. This was followed by exploration of the fusion with removal of the hardware on Sept 28, 2012. She has a clinical history of a previous back injury and previous back surgery in 2003-2004. This was followed by an exploration surgery. The most recent clinical note on June 26, 2014 states that the worker has left sacroiliac pain, left buttock pain, and non-industrial neck pain. She was continued on Motrin 800, Norco, and Biofreeze. She was given a prescription for Restoril.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RESTORIL 15MG ONCE A NIGHT FOR INSOMNIA #50 DISPENSED ON 8/14/13:**

Upheld

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

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

**Decision rationale:** Temazepam (Restoril) is indicated for short-term treatment of insomnia (7-10 days). There is no mention of the injured worker having insomnia in the clinical note that is requesting Restoril. Per the Medical Treatment Utilization Schedule, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. 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. Therefore, the requested Restoril is not medically necessary.