

Case Number:	CM13-0029484		
Date Assigned:	11/01/2013	Date of Injury:	05/17/2006
Decision Date:	04/01/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, and is licensed to practice in District of Columbia and Virginia. 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 physician 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:

This is a 51 year old woman who sustained injury to her back in 2006. She had issues with both her upper and lower extremities. She had imaging which revealed degenerative changes in the lumbar spine and stenosis. She had electromyography which showed irritability of the L5-S1 nerve roots. The patient saw [REDACTED] on Nov 7 2013 for multiple pain complaints. She was given Northo 10/325mg and was advise to limit the usage of Temazepam. There are no other clinical notes to review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEMAZEPAM 15MG: 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.

Decision rationale: This patient had chronic pain complaints following injury to her back. She was given opiates and temazepam to relieve her symptoms. Per MTUS guidelines, 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 included 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. (Baillargeon, 2003) (Ashton, 2005) It is not clear as to what clinical rationale led to prescribing temazepam. Temazepam is used to primarily treat anxiety/depression. The patient was noted to have chronic pain which was refractory to epidural injections. There was no medical indication for the use of benzodiazepines in this patient.