

<b>Case Number:</b>	CM13-0029881		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	05/22/1995
<b>Decision Date:</b>	01/17/2014	<b>UR Denial Date:</b>	09/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/27/2013

### 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 Cardiology and is licensed to practice in California. 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:

The patient is a 57-year-old male who reported a work related injury on 05/22/1995. The patient's diagnoses include patellofemoral arthrosis of the bilateral knees and intermittent lumbar radiculopathy. The patient's medications include Celebrex, Ultram, and Temazepam. The patient complains of difficulty sleeping a few times throughout the month secondary to pain. The request is for a pharmacy purchase of Temazepam 15mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pharmacy purchase of Temazepam 15mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The clinical note dated 04/18/2013 stated that the patient had chronic intermittent low back pain as well as chronic knee pain due to his injury. At times, the patient had difficulty sleeping at night. The patient was prescribed Temazepam 15mg, 1 capsule at bedtime for insomnia secondary to pain. It was noted that when the patient takes this medication for insomnia related to his chronic pain, he was able to fall asleep and stay asleep and received a

restful night of sleep. The patient reported no adverse reactions to the medication. The clinical note dated 10/08/2013 stated that the patient was doing quite well overall with intermittent back and knee pain that is exacerbated with activities. The patient reported that a few times throughout the month, he had difficulty sleeping secondary to pain. The patient reported he had tried over the counter sleeping aids which had not been effective. The Chronic Pain Medical Treatment Guidelines indicate that benzodiazepines are not recommended for long-term use. Long-term efficacy of benzodiazepines is unproven and there is a risk of dependence. Most guidelines limit the use to 4 weeks. It was noted that the patient had been taking Temazepam since at least April 2013. The guidelines further state that chronic benzodiazepines are the treatment of choice in very few conditions. The clinical documentation submitted for review does not meet guideline criteria for Temazepam. As such, the pharmacy purchase of Temazepam 15mg #30 is not medically necessary and appropriate.