

Case Number:	CM13-0050373		
Date Assigned:	12/27/2013	Date of Injury:	10/19/2000
Decision Date:	03/07/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/13/2013

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 Emergency Medicine and is licensed to practice in New York and Tennessee. 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 46-year-old male who was injured on October 19, 2000. The patient continued to experience severe pain in neck and left shoulder. The diagnoses included cervical disc disease, postlaminectomy syndrome of the cervical spine, and pain in the left shoulder. The treatment included home exercises and medications. The request for authorization for Temazepam 30 mg #30 was submitted on October 23, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 30mg #30 with refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CURES

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Insomnia Treatment

Decision rationale: Temazepam is one of the benzodiazepines FDA approved for treatment of sleep onset insomnia. It is only recommended for short-term use due to risk of tolerance, dependence, and adverse events (daytime drowsiness, anterograde amnesia, next-day sedation, impaired cognition, impaired psychomotor function, and rebound insomnia). These drugs have

been associated with sleep-related activities such as sleep driving, cooking and eating food, and making phone calls (all while asleep). The particular concern is noted for patients at risk for abuse or addiction. In this case the patient had been treated with Temazepam since prior to August 26, 2013. There is no documentation in the medical record that the patient suffered from sleep disturbance. There is no documentation in the medical record that Temazepam was effective. The duration of treatment had surpassed short-term use. The medical necessity and effectiveness has not been established.