

Case Number:	CM13-0051710		
Date Assigned:	12/27/2013	Date of Injury:	04/25/2002
Decision Date:	06/23/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/14/2013

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 Internal Medicine and is licensed to practice in Arizona. 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 60year old woman with a medical history of hypertension, depression, sleep disruption and chronic pain with a work-related injury on 4/25/02. The injured worker continues to have bilateral knee, wrist and low back pain. Her primary provider on 9/30/13 evaluates her with a diagnosis of bilateral knee DJD, hypertension, bilateral wrist strain/sprain, lumbar-spine discogenic disease, depression and sleep disturbances secondary to pain. The prescribed treatment includes Norco, Temazepam, Atenolol, Lasix and hyzaar. A utilization review dated 10/18/13 denied Temazepam as not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEMAZEPAM 15 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Temazepam is a benzodiazepine drug. Benzodiazepines are 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. Tolerance to benzodiazepines occurs rapidly. The chronic use of benzodiazepines is the treatment of choice in very few conditions. The continued use of Temazepam for the treatment of insomnia in this case is not medically necessary.