

Case Number:	CM14-0003935		
Date Assigned:	02/03/2014	Date of Injury:	07/19/2006
Decision Date:	06/20/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/10/2014

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 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 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:

Patient is an employee of [REDACTED] who has submitted a claim for chronic low back and right lower extremity pain associated with an industrial injury date of 7/19/06. Treatment to date has included, transforaminal epidural steroid injections, physical therapy sessions and right knee arthroscopy. Medications taken include, Norco, Neurontin, Temazepam 30 mg, Alprazolam .25mg, and Zanaflex 4 mg. Medical records from 2013 were reviewed which revealed constant right lower extremity pain which interferes moderately with daily activities and overall function. Low back pain has gradually increased, with a pain scale between 5-9/10. Physical examination showed mild tenderness over lumbosacral spine, lumbar flexion at 90 degrees, extension restricted to 5 degrees due to pain and rotation 30 degrees bilaterally. Straight leg raise is positive on the right. MMT 5/5 in all major muscle groups in lower extremities. Sensation is intact to light touch. Deep tendon reflexes +2 bilaterally. Utilization review from 01/2/2014 denied the request of 1 prescription of Temazepam 30 mg #30 because despite the patient's ongoing pain and symptoms, a prescription of Temazepam does not appear clinically appropriate. The risks associated with hypnotics outweigh any benefits of hypnotics. The guideline clearly does not recommend the use of hypnotics, such as benzodiazepine like Temazepam.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF TEMAZEPAM 30 MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Benzodiazepines.

Decision rationale: As stated on page 24 of CA MTUS Chronic Pain Medical Treatment Guidelines, Temazepam, a benzodiazepine, is not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Also ODG, Pain Chapter, stated that these drugs act synergistically with other drugs such as opioids and mixed overdoses, which are often a cause of fatalities. The risks associated with hypnotics outweigh its benefits. In this case, patient has been on Temazepam since at least 11/28/2012 for the treatment of insomnia. This exceeded the recommended duration of use. In addition to this, there is no progress reports stating the functional gains derived from this medication. Potential risks outweigh the benefits, hence, there should be clear documentation regarding functional improvements with its use. Therefore, the prospective request for 1 prescription of Temazepam 30mg #30 is not medically necessary.