

<b>Case Number:</b>	CM14-0004360		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	12/29/2011
<b>Decision Date:</b>	07/10/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 Physical Medicine and Rehabilitation 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 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 54-year-old male who reported an injury on 12/29/2011 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to his right wrist. The injured worker's treatment history included right cubital tunnel release on 12/10/2012, followed by activity restrictions, corticosteroid injections of the right thumb, and multiple medications. The injured worker was evaluated on 09/25/2013. It was documented that the injured worker had ongoing right thumb joint pain. Physical findings included tenderness to palpation of the carpometacarpal joint of the right thumb, with a negative Tinel's to the right carpal tunnel. The injured worker's diagnosis included right wrist ulnar impaction syndrome, status post right carpal tunnel release, right carpal tunnel syndrome, and right thumb carpometacarpal joint osteoarthritis. Surgical intervention was recommended for the injured worker. The injured worker was evaluated on 01/31/2014 by the requesting physician. It was documented that the injured worker had 8/10 right elbow pain and 7/10 to 8/10 right wrist hand and thumb pain. Physical findings included tenderness to palpation of the right elbow and decreased sensation in thumb, index, and middle fingers. The injured worker had a positive Tinel's sign. The injured worker's plan included continuation of medication usage to include naproxen 550 mg, pantoprazole 20 mg, and tramadol/hydrochloride extended release 150 mg. A request was made for temazepam 30 mg; however, no justification for the request was provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TEMAZEPAM 30MG #30:** 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  
BENZODIAZEPINES Page(s): 24.

**Decision rationale:** The Chronic Pain Guidelines recommend the short-term use of benzodiazepines to assist with symptoms of anxiety and insomnia-related complaints. The clinical documentation submitted for review does not provide any evidence of disrupted sleep patterns or anxiety-related complaints to support the use of this medication. Additionally, the frequency of treatment was not provided within the request. Therefore, the appropriateness of the request itself cannot be determined. As such, the requested temazepam 30mg #30 is not medically necessary or appropriate.