

Case Number:	CM14-0005857		
Date Assigned:	02/05/2014	Date of Injury:	01/17/1997
Decision Date:	06/27/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	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 Anesthesiology, has a subspecialty in Pain Management 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 patient is a 70-year-old female who has submitted a claim for insomnia, unspecified associated with an industrial injury date of January 17, 1997. Medical records from 2012-2013 were reviewed showing that patient complains of bilateral knee pain and GI problems that resulted to difficulty in sleeping. Treatment to date has included knee surgery dated December 2012, balance physical therapy and medications. Utilization review from December 31, 2013 denied the request for Temazepam 30mg 1 for sleep #30/month x 6 refills because there was no provided duration of Temazepam use.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEMAZAPAM 30MG #30 TIMES 6 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

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

Decision rationale: As stated on page 24 of California Medical Treatment Utilization Schedule (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. In this case, patient has been on Temazepam since 2012 for the treatment of insomnia. Patient has exceeded the recommended duration of use. In addition to this, there was no documentation of functional gains derived from this medication as the patient continuous to have insomnia without improvement. Potential risks outweigh the benefits, hence, there should be clear documentation regarding functional improvements with its use. Therefore, the request for Temazepam 30mg #30 times 6 refills is not medically necessary.