

Case Number:	CM14-0101116		
Date Assigned:	07/30/2014	Date of Injury:	05/08/2001
Decision Date:	09/25/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/30/2014

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 Georgia. 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 57 year old female presenting with chronic pain following a work related injury on 05/08/2001. On 01/13/2014, the claimant complained of back pain, bilateral knee pain and weakness, muscle spasms in the legs and feet and continued depression. The physical exam showed tender and pain to palpation, and limited range of motion as well as weakness in lower extremities. EMG was positive for acute L5 radiculopathy on the left. The claimant was diagnosed with tendinitis bilateral shoulders, lumbar strain/sprain with spinal cord stimulator, internal derangement bilateral knee. The claimant is being treated with multiple medications. A claim was made for Temazepam 30mg #27 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 30mg # 27 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24, 124.

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

Decision rationale: CA MTUS page 24 states that "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 ranging actions include sedative/hypnotic, anxiolytic, anticonvulsant and muscle relaxant. Chronic benzodiazepines for the treatment of choice for very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant." The claimant has long term use with this medication. Additionally, per Ca MTUS, Temazepam is a benzodiazepine and not medically necessary.