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| <b>Case Number:</b>   | CM14-0014569 |                              |            |
| <b>Date Assigned:</b> | 02/26/2014   | <b>Date of Injury:</b>       | 04/19/2012 |
| <b>Decision Date:</b> | 10/08/2014   | <b>UR Denial Date:</b>       | 01/24/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/05/2014 |

### 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, has a subspecialty in Interventional Spine, 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 50-year-old male with an injury date of 04/19/12. Based on 01/04/14 progress report provided by [REDACTED] the patient presents with low back pain. He is status post laminectomy/discectomy L5/S1 November 2013. He no longer has radiculopathy. Patient is awaiting possible fusion procedure. Physical exam findings show persistent tenderness and spasm to bilateral paravertebral muscles. Incision well healed. DTR's 2/4 bilaterally. Patient has been taking Temazepam since 11/16/13. Diagnosis 01/04/14- bulge of lumbar disc without myelopathy- low back pain [REDACTED] is requesting Temazepam 30mg#30 1 refill. The utilization review determination being challenged is dated 01/24/14. The rationale is "partially certify: Temazepam 30mg #15, 0 Refill for weaning." [REDACTED] is the requesting provider and he provided progress report dated 01/04/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Temazepam 30MG #30 1 REFILL:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Insomnia Treatments.

**Decision rationale:** The patient presents low back pain and he is status post laminectomy/discectomy L5/S1 November 2013. The request is for Temazepam 30mg#30 1 refill. ODG guidelines have the following regarding insomnia treatments: "Benzodiazepines: Temazepam (Restoril) is FDA-approved for sleep-onset insomnia. These medications are only recommended for short-term use due to risk of tolerance, dependence, and adverse events. Particular concern is noted for patients at risk for abuse or addiction. Benzodiazepines are similar in efficacy to benzodiazepine-receptor agonists; however, the less desirable side-effect profile limits their use as a first-line agent, particularly for long-term use." Patient has been taking Temazepam since 11/16/13 per progress report dated 01/04/14. Due to risk of tolerance, dependence, and adverse events and side-effect profile, the request is not medically necessary.