

<b>Case Number:</b>	CM14-0019152		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	10/16/2007
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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 Tennessee. 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 63-year-old female who has submitted a claim for chondromalacia patella, calcaneal spur, and chronic pain, associated with an industrial injury date of October 16, 2007. Medical records from 2013 were reviewed. The latest progress report, dated 12/04/2013, was barely legible; however, medical reviews showed burning pain in both feet and flare ups of the left knee. Physical examination revealed right ankle/foot stiffness and swelling. The patient developed symptoms of insomnia since May 2013. Treatment to date has included physical therapy, acupuncture treatment, cortisone injections, TENS and medications such as Temazepam since December 2013. Utilization review from 01/09/2014 denied the request for the purchase of Temazepam 15mg #60 because there was no documentation for the length of time the claimant has been taking this medication or difficulties with insomnia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TEMAZEPAM 15MG #60:** Upheld

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

**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:** According to 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 dependence. Most guidelines limit use to 4 weeks. Also (ODG) Official Disability Guidelines, 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, the patient was diagnosed with insomnia, hence Zolpidem was prescribed. However, the patient reported that she was not refreshed after a night's sleep and had episodes of nighttime awakenings. The patient was prescribed Temazepam in 12/04/2013 for insomnia; however, there was no documentation of the functional benefits derived from its use. Moreover, long-term use is not recommended. The medical necessity was not established. Therefore, the request for Temazepam 15mg #60 is not medically necessary.