

<b>Case Number:</b>	CM14-0112602		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	03/14/2005
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	07/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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:

This is a 46-year-old male with a 3/14/05 date of injury; the mechanism of the injury was not described. The patient was seen on 6/25/14 with complaints of neck and left upper extremity pain, depression with anxiety, myofascial pain with intermittent spasticity and sleep disruption secondary to pain. Exam findings revealed normal mood and affect, the patient alert and oriented x3, fluent speech and intact memory for current and past events. The examination of the cervical spine revealed decreased range of motion and left trapezius spasm with tenderness. The patient's medications included Cymbalta, Restoril, Temazepam, tizanidine and tramadol. The diagnosis is chronic neck pain, shoulder pain, depression, anxiety and myofascial pain syndrome. Treatment to date: medications. An adverse determination was received on 7/4/14 given that this type of medication was not recommended for long-term use and there was no indication that it was appropriate.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Temazepam capsules, 30 mg:** 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 rationale:** The Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They 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. The progress notes indicated that the patient was using Temazepam at least from 6/25/14. However, there is a lack of documentation indicating functional gains from the previous treatment. In addition, the guidelines do not support long-term treatment with this medication and there is no rationale with clearly specified goals for the prolonged treatment with Temazepam. Therefore, the request for Temazepam Capsules, 30 mg is not medically necessary or appropriate.