

Case Number:	CM14-0115701		
Date Assigned:	08/04/2014	Date of Injury:	04/16/1997
Decision Date:	09/10/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/23/2014

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 claimant presented with chronic pain following a work related injury on 04/16/1997. The claimant complained of low back pain with radiation down both lower extremities. The claimant is status post laminectomy syndrome and status post revision of spinal cord stimulator and IPG. The claimant has a history of liver transplant and according to the medical records, his general health is worsening. The claimant was felt to have cognitive failure due to sequela from liver transplant and organ failure. The physical exam showed tenderness to palpation, with muscle spasms and rigidity, decreased lumbar range of motion, positive straight leg raise. A request was made for Temazepam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 30mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Temazepam 30mg is not medically necessary. The California 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. Chronic Benzodiazepines is 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 a history of liver transplant with organ failure. Benzodiazepines such as Temazepam are metabolized through the liver. Given that the claimant's health is worsening, Temazepam is contraindicated. Additionally, per California MTUS, it is not medically necessary. If the claimant is not already weaning off this medication, a protocol to wean should be initiated.