

<b>Case Number:</b>	CM14-0121593		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	10/25/2010
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	07/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 33-year old male who sustained a work related injury on 10/25/2010 as a result of a fall off a ladder in which he sustained a twisting injury to his back. Since then he's continued to experience low back pain with the pain intensity at 8/10 that is constant stabbing and right lower extremity radicular symptoms. His pain is aggravated by prolonged sitting. The patient has undergone a L5-S1 bilateral fusion, L4-5 decompressive laminectomy, facetectomy, transverse process fusion, open reduction internal fixation of grade 1 spondylolisthesis on 5/15/2014. The patient's current treatment regimen includes Norco, MS Contin, Percocet, and Flexeril. In dispute is a decision for Temazepam 15mg QTY: 30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Temazepam 15mg QTY: 30:** Upheld

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

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

**Decision rationale:** Not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). Tolerance to hypnotic effects develops rapidly (3-14 day). 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 best prevention for substance use disorders due to benzodiazepines is careful prescribing. Adults who use hypnotics, including benzodiazepines such as Temazepam, have a greater than 3-fold increased risk for early death, according to results of a large matched cohort survival analysis. Aside from the above listed criteria for use of Benzodiazepines, the patient is also utilizing a muscle relaxant with known significant stimulant side effects that does not disrupt the normal sleep cycle. The requested medication is not warranted and not medically necessary.