

<b>Case Number:</b>	CM14-0132358		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	06/03/2009
<b>Decision Date:</b>	12/18/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 & 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 68 year old with an injury date on 6/3/09. Patient complains of persistent cervical pain and lumbar pain per 7/15/14 report. Patient states that current medication regimen is effective in pain relief, and condition has not changed since last visit per 7/15/14 report. Based on the 7/15/14 progress report provided by the treating physician, the diagnoses are: 1. cervical disc degeneration 2. cervicgia Exam on 7/15/14 showed "L-spine range of motion decreased with flexion/extension." No C-spine range of motion testing was included in reports. Patient's treatment history includes medication (Codeine, Valium). The treating physician is requesting temazepam cap 30mg, days supply: 30 qty: 30. The utilization review determination being challenged is dated 8/6/14. The requesting physician provided treatment reports from 1/29/14 to 7/15/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Temazepam Cap 30 mg day supply: 30 Qty: 30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines and Weaning of Medications Page(s): 24 and 124.

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

**Decision rationale:** This patient presents with neck pain and back pain. The treater has asked for Temazepam Cap 30mg, day Supply: 30 Qty: 30 on 7/15/14. Patient has no history of taking temazepam but in 1/29/14 report, patient reported spasms of the right hand and stated that she's taken Valium in the past to good effect. Regarding benzodiazepines, MTUS recommends for a maximum of 4 weeks, as long-term efficacy is unproven and there is a risk of dependence. In this case, the patient has had effective treatment of right hand spasm with valium in the past. There is no documentation however, of an onset of acute pain, but only chronic neck/back pain. The treater does not provide a rationale for a short-term use of this medication, as per MTUS guidelines. The requested temazepam is not medically necessary. The request is not medically necessary.