

<b>Case Number:</b>	CM14-0153776		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	08/30/2011
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 Occupational Medicine 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 claimant injured his low back on 08/30/11. Temazepam (Restoril) is under review. The claimant has a history of disc herniation and is status post L4-5 and L5-S1 Laminectomy/ Discectomy on 05/16/14. As of 07/25/14, he was doing well. He had right buttock pain from the right dorsolateral thigh to the calf that was burning and was rated 2-3/10. It was worse in the morning but improved through the day. He had flared up his right leg pain but there were no symptoms or pain in the left leg. His low back had a steady soreness that was relieved with medications and an ice pack. Pain was between 2-5/10. He also had dullness in the anterior thigh, which had improved from complete numbness since his surgery and since the Lyrica. He was taking Norco and Tramadol. He was diagnosed with a mild sensory dysesthesia over the right lateral thigh consistent with meralgia paresthetica. Additional PT and Restoril were ordered. On 7/25/14, there is a corrected PR-2 request. He was taking Norco and Tramadol. Restoril was ordered for bedtime use. He had some medical comorbidities including cardiac evaluation, COPD from smoking and alcohol consumption for which he had recently been evaluated.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Temazepam 15mg/cap #30 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines Pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 54.

**Decision rationale:** The history and documentation do not objectively support the request for 1 prescription for Temazepam 15mg/cap with 1 refill. The MTUS state, "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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic Benzodiazepines are the treatment of choice in 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. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005)" In this case, the indication for the use of this type of medication is not stated and none can be ascertained from the records. There is no evidence of anxiety, insomnia that has been worked up and is nonresponsive to simple sleep hygiene measures, or any other indication for the use of a Benzodiazepine for the claimant's chronic condition. The medical necessity of this request for Temazepam has not been demonstrated.