MAXIMUS Federal Services

Case Number:	CM14-0171578		
Date Assigned:	10/23/2014	Date of Injury:	01/03/2007
Decision Date:	11/21/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/17/2014

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 46 year old female who sustained a work related injury on 01/03/2007 as result of her left knee buckling while exiting her vehicle and this caused her to fall in which she landed on the concrete parking lot on her back hitting her head. Since then she's undergone a total of seven (7) left knee surgical procedures to include a total arthroplasty which was revised due to an initial post-operative infection. According to recent progress reports, she complains of persistent left knee pain with difficulty walking and that her right shoulder and lower back pain are getting worse. Her pain is aggravated by prolonged sitting (for hours) and by squatting. On exam, her left knee pain is greatly reduced. She also has tenderness to palpation at the trapezius and scapular region. Her current treatment regimen includes Norco 5/325(#90 with 1 refill), Neurontin 300mg (#30 with 1 refill) and Temazepam 30mg (#30 with 1 refill).In dispute is a decision for Temazepam 30mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

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

Decision rationale: 1) Indications for use should be provided at the time of initial prescription.2) Authorization after a one-month period should include the specific necessity for ongoing use as well as documentation of efficacy.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. The patient has been utilizing the requested medication since at least July of 2014. As indicated by the ODG guidelines, it is not recommended for long-term use. No documentation is made concerning improvement in any parameter of functionality. Based upon the above reference guidelines, the request is not medically necessary.