

<b>Case Number:</b>	CM14-0176055		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	07/13/1994
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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 Physical Medicine and Rehabilitation 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 injured worker is a 53-year-old woman with the date of injury of 7/13/94. The patient presents with ambulatory dysfunction secondary to arachnoiditis. She walks with a walker and guide dog assistance. She receives Morphine 15mg four times daily for pain. The request was made for Temazepam 15 mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Temazepam 15mg #60:** Upheld

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

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

**Decision rationale:** The injured worker presents with chronic pain syndrome from arachnoiditis. The records indicate a stable dose of opioid analgesic. The request for Temazepam 15 mg was added to her regimen. MTUS guidelines indicate benzodiazepines are not recommended for long-term use, typically greater than 4 weeks. The request for Temazepam 15 mg #60 is for long-term use as stated and therefore not medically necessary.