

Case Number:	CM14-0181858		
Date Assigned:	11/06/2014	Date of Injury:	07/15/2004
Decision Date:	12/26/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/03/2014

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 52 year old female with an injury date of 07/15/04. Based on the 07/07/14 progress report provided by treating physician, the patient complains of upper extremities, neck and left leg pain rated 4/10 with and 7/10 without medications. Physical examination to the cervical spine revealed tenderness to palpation to the paraspinal muscles at C3-4, with radiating pain to the bilateral upper extremities bilaterally. Patient has been treated with therapy, injections, multiple hand/elbow/hand surgeries including left ulnar nerve transposition, bilateral carpal tunnel surgeries, trigger finger release on the right. Per treater report dated 07/07/14, patient's medications included Norco, Lyrica, Prilosec, Nuvigil, Restoril (Temazepam) and Cymbalta. Temazepam is prescribed by patient's psychiatrist. Diagnosis 07/07/14- pain in soft tissues of limb- cervicgia- lumbago- unspecified myalgia and myositis- unspecified neuralgia neuritis and radiculitis The utilization review determination being challenged is dated 10/08/14. Treatment reports were provided from 04/11/14 - 09/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 15 mg # 30 with two refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, Insomnia treatment

Decision rationale: The patient presents with upper extremities, neck and left leg pain rated 4/10 with and 7/10 without medications. The request is for Temazepam 15mg #30 with two refills. Patient has been treated with therapy, injections, multiple hand/elbow/hand surgeries including left ulnar nerve transposition, bilateral carpal tunnel surgeries, trigger finger release on the right. Per treater report dated 07/07/14, patient's medications included Norco, Lyrica, Prilosec, Nuvigil, Restoril (Temazepam) and Cymbalta. Temazepam is prescribed by patient's psychiatrist. The MTUS Guidelines page 24 states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." ODG guidelines have the following regarding insomnia treatments: "Benzodiazepines: Temazepam (Restoril) is FDA-approved for sleep-onset insomnia. These medications are only recommended for short-term use due to risk of tolerance, dependence, and adverse events. Particular concern is noted for patients at risk for abuse or addiction. Benzodiazepines are similar in efficacy to benzodiazepine-receptor agonists; however, the less desirable side-effect profile limits their use as a first-line agent, particularly for long-term use." Patient has been taking Temazepam at least for 3 months from UR date of 10/08/14. The request for quantity 30 with 2 refills does not indicate short term use. Due to risk of tolerance, dependence, adverse events and side-effect profile, Temazepam cannot be recommended. The request is not medically necessary.