

<b>Case Number:</b>	CM14-0024486		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	03/20/2012
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2014

### 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 Orthopedic Surgery 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 records, presented for review, indicate that this 28-year-old gentleman was reportedly injured on March 20, 2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated June 18, 2014, indicated that there were ongoing complaints of right shoulder pain. Current medications were stated to include Norco, Naproxen, Restoril, and Skelaxin. The physical examination demonstrated tenderness at the superior and posterior aspects of the right shoulder. There was a negative supraspinatus test. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included aquatic therapy, pain management, and acupuncture. A request had been made for Temazepam and was denied in the pre-authorization process on July 10, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TEMAZEPAM CAP 30MG DAY SUPPLY 30 QUANTITY 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES Page(s): 24.

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

**Decision rationale:** Temazepam is a Benzodiazepine medication indicated for the short-term treatment of insomnia. According to the most recent progress note dated June 18, 2014, there is no mention of difficulty sleeping nor a diagnosis of insomnia. Considering this, the request for temazepam is not medically necessary.