

<b>Case Number:</b>	CM14-0025905		
<b>Date Assigned:</b>	06/04/2014	<b>Date of Injury:</b>	10/19/2008
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Texas. 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 59-year-old female injured on October 19, 2008 when she was attempting to pick up a resident from the floor resulting in right shoulder pain. Current diagnoses include status post right shoulder replacement and history of lumbar spine strain with severe degenerative disc disease. The injured worker underwent arthroscopic cartilage repair on February 26, 2009, followed by postoperative physical therapy. The injured worker began receiving epidural steroid injections to the neck in addition to cortisone injections to the right shoulder. The injured worker underwent right shoulder replacement surgery on May 22, 2013 followed by 46 sessions of postoperative physical therapy and rehabilitation. Agreed medical evaluation performed on January 13, 2014 indicated the injured worker reported ongoing popping, clicking, and grinding sensation in the right shoulder. The injured worker reported increased pain with reaching, moving her arm backwards, and lifting her upper extremity above shoulder level. The injured worker reported ongoing constant, moderate to severe pain in the lower back with associated spasms and radiation to the bilateral buttocks and legs. The injured worker also reported bilateral hip pain, right greater than left, increased with prolonged standing, walking, and sitting activities. Medications include Zantac 300 mg, Robaxin 750 mg, Norco 10 mg, Lyrica 200 mg, Voltaren gel 1%, Restoril, Ibuprofen, and dexlansoprazole 60 mg. The initial request for temazepam 15 mg, days supply: 30, quantity: 30 was initially non-certified on February 14, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TEMAZEPAM CAPSULE 15MG, THIRTY COUNT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 81.

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, 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 four weeks. Studies have shown that tolerance to hypnotic effects develops rapidly and tolerance to anxiolytic effects occurs within months. It has been found that long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. The request for Temazepam capsules 15 mg, thirty count, is not medically necessary or appropriate.