

Case Number:	CM14-0027018		
Date Assigned:	06/13/2014	Date of Injury:	04/29/1996
Decision Date:	07/16/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/03/2014

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 and Rehabilitation, 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 62 year old male injured on 04/29/96 due to undisclosed mechanism of injury. Current diagnoses included status post carpal tunnel syndrome with symptoms improving, neck pain, and degenerative joint disease of the cervical spine stable on current medications. Clinical note dated 01/24/14 indicated the injured worker presented requesting refill of his triple strength glucosamine taken twice daily which controlled his pain in addition to Temazepam 30mg for sleep. The injured worker was currently permanent and stationary. Objective findings included cervical spine with full range of motion and minimal pain to palpation, no spinal process pain to palpation or percussion, no actual pain with compression of the cervical spine, status post carpal tunnel release bilaterally with scar tissue that had no tenderness to palpation, full range of motion, and normal grip and normal sensory. Treatment plan included prescribing of requested medications and return to office for ongoing evaluation and medication management. The initial request for Temazepam cap 30mg days 30 #30 was initially non-certified on 02/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEMAZEPAM CAP 30 MG DAYS 30 QUANTITY 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for ongoing use of Temazepam.

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

Decision rationale: As noted on page 24 of 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 4 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. As such the request for Temazepam cap 30 mg days 30 quantity 30 is not medically necessary.