

Case Number:	CM14-0040411		
Date Assigned:	06/27/2014	Date of Injury:	03/01/2008
Decision Date:	08/25/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/07/2014

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 Occupational Medicine, 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:

This is a 43-year-old female with a 3/1/08 date of injury. The mechanism of injury was not noted. According to a 3/4/14 progress note, the patient was being re-evaluated for bilateral lower neck pain. She was in no acute distress at the time. Objective findings: cervical and upper extremity ranges of motion were restricted by pain in all directions, tenderness upon palpation of the bilateral medial elbows at cubital tunnel, tenderness upon palpation of the lumbar paraspinal muscles, lumbar extension was worse than lumbar flexion, cervical discogenic and upper extremity provocative maneuvers were positive. Diagnostic impression: bilateral lumbar facet joint pain at L4-L, L5-S1, lumbar facet joint arthropathy, chronic right C7 radiculopathy, bilateral ulnar neuritis/neuropathy, right cervical disc protrusion, right C5-C6 radiculopathy, cervical sprain/strain, right shoulder rotator cuff cursitis and impingement, bilateral lateral epicondylitis, lumbar sprain/strain. Treatment to date: medication management, activity modification, ESI, surgery. A UR decision dated 3/18/14 modified the request for Temazepam from 30 tablets to 15 tablets for weaning purposes. Use of this sedative-hypnotic which is a benzodiazepine based medication is not recommended for long term use. These medications are habituating and can impair function and memory. A tapering of this medication is recommended to avoid withdrawal symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam Restoril 30 MG Quantity 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2
Page(s): 24.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They 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. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. According to the reports reviewed, the patient has been on Temazepam since at least 11/12/13, if not earlier. In addition, it is documented that the patient is also taking Norco. The combination of an opioid medication and a benzodiazepine medication can increase the risk of side effects, such as sedation. A specific rationale identifying why Temazepam would be indicated in this patient despite lack of guideline support was not provided. Therefore, the request for Temazepam Restoril 30 MG Quantity 30 was not medically necessary.