

<b>Case Number:</b>	CM14-0058625		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	04/27/2010
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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 59-year-old male with a date of injury of 4/27/10. The mechanism of injury occurred when he bent over to pick up an object and he felt his low back pop and his knees buckled. On 3/13/14, he complained of continued increase in pain and tightness above the surgery site. His low back pain has decreased since surgery and chronic myofascial pain has decreased with the use of Zanaflex. He is also on Oxycodone. On exam there is pain with spasms over bilateral T9 and T12 with trigger point activity. There is decreased range of motion of lumbar spine with trigger points throughout the paracervical through lumbar region. The diagnostic impression is lumbar spine sprain/strain. Treatment to date: surgery, medication management. A UR decision dated 3/27/14 denied the request for Temazepam. There has been no discussion of the indication for which the patient is taking Temazepam, the frequency of use or the duration for which it has been prescribed. Guidelines do not recommend the use of pharmacological agents for insomnia until a thorough evaluation is performed for the potential cause of sleep disturbance. When pharmacological agents are found to be appropriate, the guidelines recommend short-term use only due to risk of tolerance, dependence, and adverse events. Based on records provided for review, there is no evidence that Temazepam is being prescribed in accordance with medical guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Temazepam 15mg Ta #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Muscle Relaxants (For Pain) Page(s): 24, 66.

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

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that Benzodiazepines range of action include 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. However, there is no discussion provided as to the rationale for the use of Temazepam or the duration or effectiveness of the use of Temazepam. Guidelines state that Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Chronic Benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Therefore, the request for Temazepam 15mg #30 is not medically necessary.