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| Case Number: | CM14-0059403 | | |
| Date Assigned: | 07/09/2014 | Date of Injury: | 07/29/2012 |
| Decision Date: | 08/28/2014 | UR Denial Date: | 04/11/2014 |
| Priority: | Standard | Application Received: | 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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 39 yo female who sustained an industrial injury on 07/12/2012. She slipped in a freezer and fell onto her buttocks. landing in a seated position. Her diagnoses include cervical spine myoligamentous injury, lumbar spine herniated disc, and secondary sleep deprivation. on exam she has decreased range of cervical and lumbar range of motion. Straight leg raise was positive on the right at 60 degrees and positive on the left at 40 degrees. Motor and sensory exams of the upper and lower extremities are normal. She has noted herniations at L5-S1 on MRI and a left L5 radiculopathy per EMG. Cervical MRI showed protrusions at C4-C6. The treating provider has requested Temazepam 15mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 15 mg.: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California MTUS Guidelines, page 24 (pdf format) Page(s): 24.

Decision rationale: Temazepam (brand name Restoril) is an intermediate-acting 3-hydroxy hypnotic of the benzodiazepine class of psychoactive drugs. Temazepam is approved for the

short-term treatment of insomnia. Long-term use is not recommended as there are associated risks of impaired function and memory with use more than opioids, as well as Temazepam may be habit forming. There is no documentation of the medication's effectiveness or any ongoing monitoring of its regular use. Medical necessity for the requested treatment has not been established. The requested treatment is not medically necessary.