

Case Number:	CM14-0060217		
Date Assigned:	07/09/2014	Date of Injury:	10/10/2000
Decision Date:	08/29/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	04/30/2014

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 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 58-year-old patient sustained a low back injury from pulling a heavy hose on 10/10/2000 in the course of employment. The request under consideration is for Temazepam 30mg with 3 refills. Diagnoses included lumbar disc herniation, facet syndrome, lumbago, and failed spinal surgery syndrome. A report of 4/15/14 from the provider noted the patient presenting with constant, chronic low back pain radiating into the lower extremity. The patient has a history of status post posterior fusion at L4-5 and L5-S1. The exam showed unremarkable vitals for procedure of diagnostic bilateral L5 and S1 hardware injections. The treatment plan included continuing with medications and therapy with possible consideration for hardware removal. The medications listed are Fentanyl, Morphine ER, and Temazepam. A request for Temazepam 30mg with 3 refills was modified for a quantity of 90, without refills, on 4/25/14, with the reviewer citing guidelines criteria and lack of medical necessity as reasons for denial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 30mg with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter: Temazepam, Benzodiazepines, Anxiety medications in chronic pain.

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

Decision rationale: Temazepam (Restoril) is a Benzodiazepine Hypnotic often prescribed for the treatment of anxiety/insomnia. Per the MTUS Chronic Pain Medical Treatment Guidelines, the chronic use of a Benzodiazepine is the treatment of choice in very few conditions, with tolerance to hypnotic effects developing rapidly and anxiolytic effects occurring within months. Guidelines recommend limiting its use to 4 weeks, as long-term use may actually increase anxiety. Submitted reports have not demonstrated any clinical findings or specific sleep issues, such as number of hours of sleep, difficulty getting to sleep or staying asleep, or how the use of this sedative/hypnotic has provided any functional improvement thus far from treatment already rendered. Therefore, this request for Temazepam 30mg with 3 refills is not medically necessary or appropriate.