MAXIMUS Federal Services

| Case Number: | CM14-0073512 | | |
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| Date Assigned: | 08/06/2014 | Date of Injury: | 03/20/2005 |
| Decision Date: | 09/25/2014 | UR Denial Date: | 05/09/2014 |
| Priority: | Standard | Application Received: | 05/20/2014 |

## 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 & Rehabilitation and is licensed to practice in California and Washington. 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 67-year-old female who reported an injury on 03/20/2005. The mechanism of injury is from repetitive motion. The diagnoses included degenerative lumbar disc disease, low back pain, and spinal stenosis of the lumbar spine, peripheral neuropathy, and myelopathy. Previous treatments included an MRI, medication, and physical therapy. Within the Clinical Note dated 06/30/2014 it was reported the injured worker complained of low back pain. She described the pain as moderate to severe, dull, and aching. The injured worker reported the pain interfered with cooking, sleep, and household work. Upon examination of the cervical spine, the provider noted the injured worker had no tenderness to palpation. Upon examination of the lumbar spine, the provider noted no paraspinal muscle spasms. The provider noted the injured worker had a negative straight leg raise. The request submitted is for Temazepam and Alprazolam. However, a rationale is not provided for clinical review. The Request for Authorization was not provided for clinical review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Temazepam 30 mg #30, Refills x5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation: Pain, Benzodiazepines.

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

**Decision rationale:** The California MTUS Guidelines do not recommend Temazepam for long term use due to long term efficacy being unproven and there is risk of dependence. The guidelines also recommend limited use of Temazepam to 4 weeks. The injured worker has been utilizing the medication since at least 10/2012 which exceeds the guideline recommendations for short term use of 4 weeks. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Additionally, the request submitted failed to provide the frequency of the medication. Therefore, Temazepam 30 mg #30, Refills x5 is not medically necessary.

**Alprazolam 1 mg #90, Refills x5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation: Pain, Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** The California MTUS Guidelines do not recommend Temazepam for long term use due to its long term efficacy being unproven and there is risk of dependence. The guidelines also recommend limited use of Temazepam to 4 weeks. The injured worker has been utilizing the medication since at least 10/2012 which exceeds the guideline recommendations for short term use of 4 weeks. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Additionally, the request submitted failed to provide the frequency of the medication. Therefore, Alprazolam 1 mg #90, Refills x5 is not medically necessary.