

Case Number:	CM15-0147763		
Date Assigned:	08/10/2015	Date of Injury:	07/29/2012
Decision Date:	09/08/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/29/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, California

Certification(s)/Specialty: Family Practice

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 26 year old female with an industrial injury dated 07-29-2012. The injured worker's diagnoses include right foot severe pes planus and planovalgus foot following chronic sprain injury; talonavicular arthrosis posterior tibial tendinopathy; and morbid obesity. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 05-18-2015, the injured worker presented for follow up evaluation for right foot and ankle. Objective findings revealed elevated blood pressure, flatfoot planovalgus with right foot greater than left, talonavicular and anterior ankle joint tenderness and hypermobility of the medial column. The treating physician prescribed Temazepam 30mg #30, DS30, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 30mg #30, DS30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes: sedation, anxiolytic, anticonvulsant, and muscle relaxant. In this case, the claimant was on Temazepam for several months. Failure of behavioral interventions was not mentioned. Long-term use of insomnia medication is not recommended as above. Continued use of Temazepam is not medically necessary.