

<b>Case Number:</b>	CM15-0195688		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	07/21/2011
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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: New York, Tennessee  
 Certification(s)/Specialty: Emergency Medicine

### 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 42 year old male who sustained an industrial injury on 07/21/2011. A review of the medical records indicated that the injured worker is undergoing treatment for chronic pain syndrome, cervical radiculopathy, spinal enthesopathy, fasciitis, insomnia and depressive disorder. The injured worker is status post right shoulder subacromial decompression in 2012. According to the treating physician's progress report on 08-19-2015, the injured worker continues to experience thoracic and cervical spine pain radiating to the shoulder. The injured worker reported a recent fall, which made the right shoulder injury worse. He rated his pain level at 4 out of 10 with medications and 7-8 out of 10 on the pain scale without medications. Examination demonstrated cervical spine, paraspinal and cervical facet tenderness at C5-T1 with positive cervical facet loading maneuver. The upper extremity remained unchanged. Prior treatments have included diagnostic testing, physical therapy, transcutaneous electrical nerve stimulation (TENS) unit, cervical facet block times 2, home exercises and medications. Current medications were listed as Norco 10mg-325mg, Gabapentin, Cymbalta, Temazepam and compounded creams. On 07-22-2015, a urine drug screening was inconsistent for prescribed medications (no opiates found) and positive for THC-COOH. There was no discussion with the injured worker regarding the inconsistency. On 08-19-2015, the treatment plans consisted of discontinuing Temazepam and resume Lunesta, continuing core muscle strengthening, proper body mechanics, and healthy diet and weight management, remain on temporary total disability (TTD) and the current request for Temazepam 15mg #60. On 09-09-2015, the Utilization Review determined the request for Temazepam 15mg #60 was not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Temazepam 15mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Insomnia Treatment.

**Decision rationale:** Temazepam is an FDA-approved benzodiazepine for sleep maintenance insomnia. This medication is only recommended for short-term use of two weeks due to risk of tolerance, dependence, and adverse events (daytime drowsiness, anterograde amnesia, next-day sedation, impaired cognition, impaired psychomotor function, and rebound insomnia). Benzodiazepines have been associated with sleep-related activities such as sleep driving, cooking and eating food, and making phone calls (all while asleep). Particular concern is noted for patients at risk for abuse or addiction. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). Withdrawal occurs with abrupt discontinuation or large decreases in dose. In this case, the patient had been taking the medication since at least July 2015. The duration of treatment surpasses the recommended short-term duration of two weeks. The request is not medically necessary.