

Case Number:	CM15-0201081		
Date Assigned:	10/16/2015	Date of Injury:	10/20/2003
Decision Date:	11/24/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/13/2015

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 72 year old male, who sustained an industrial injury on October 20, 2003. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as status post C4-C5 and C5-C6 cervical fusion from June 2005, status post right knee surgery on 05-10-2004 with persistent right knee pain and chronic left shoulder pain with frozen shoulder. Treatment to date has included diagnostic studies, surgery, injection, physical therapy and medication. On July 15, 2015, the injured worker complained of ongoing neck and knee pain. He stated that he continues to have significant decreased knee pain since his last Synvisc injection was done in April. No complaints of insomnia were noted on the day of exam. The treatment plan included Norco, Imitrex, random urine drug screen and a follow-up visit. Restoril was noted on the report as denied. On September 22, 2015, utilization review denied a request for Temazepam 30mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 30mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter: Pain (Chronic) Temazepam.

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 chapter and pg 64.

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 (Restoril) for over 8 months. It is often used for insomnia but there was no detail provided about a sleep disorder. In addition, long-term use of such medication for sleep is not recommended. Continued and chronic use of Temazepam is not medically necessary.