MAXIMUS Federal Services

Case Number:	CM15-0027626		
Date Assigned:	02/20/2015	Date of Injury:	06/07/2003
Decision Date:	04/06/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/13/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60 year old female, who sustained a cumulative industrial injury from 1994 through June 7, 2003. She has reported sciatic pain down both legs with numbness from the low back down the right leg, bilateral knee pain with popping, grinding and instability and bilateral hip pain worse with sitting, standing walking or bending. The diagnoses have included tendinitis of bilateral knees, lumbosacral sprain/strain with radiculopathy, stress urinary incontinence, sensory neurogenic bladder and obesity with deconditioning. Treatment to date has included radiographic imaging, diagnostic studies, conservative therapies, lumbar steroid injections, pain medications, bariatric and urology surgical consultation and work restrictions. Currently, the IW complains of sciatic pain down both legs with numbness from the low back down the right leg, bilateral knee pain with popping, grinding and instability and bilateral hip pain worse with sitting, standing walking or bending. She also complains of urinary incontinence. The injured worker reported an industrial injury from 1994 through 2003, resulting in the above noted pain. She has been treated conservatively without resolution of the pain. She was noted to have failed multiple conservative therapies. Multiple lumbar steroid injections were noted as well as extended pain medication use. It was noted she developed incontinence and that weight loss may reduce the incontinence. She was consulted by a bariatric surgeon. On August 8, 2014, evaluation revealed continued pain with a 40% improvement with the use of pain medications. She reported an 80% improvement with past lumbar injections. She was previously on Norco but discontinued secondary to severe nausea and vomiting. She was noted to be using OxyIR for breakthrough pain. On September 8, 2014, evaluation revealed

continued pain. Pain medications, anti-inflammatories and anti-neuropathic pain medications were renewed. On December 11, 2014, evaluation revealed continued pain. The request to continue the current pain medications was made. On January 27, 2015, Utilization Review non-certified a request for Temazepam 30mg #25 to allow evidence of gradual tapering, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 6, 2015, the injured worker submitted an application for IMR for review of requested Temazepam 30mg #25 to allow evidence of gradual tapering.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 30 MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter, Benzodiazepines.

Decision rationale: The patient presents with significant bilateral knee pain rated 3/10 and reports continuing bouts of urinary incontinence. The patient's date of injury is 06/07/03. Patient is status post bilateral lumbar ESI at L5-S1 on 01/06/15, 03/07/13, and right L4-L5/L5-S1 lumbar ESI on 11/07/13. The request is for TEMAZEPAM 30MG #30. The RFA was not provided. Physical examination dated 01/12/15 reveals mild tenderness to palpation of the lumbar paraspinal muscles, slightly antalgic gait. Treater notes reduced strength to the anterior tibialis muscle right, peroneus longus muscles bilaterally, and extensor hallucis longus muscles bilaterally. The patient is currently prescribed Cymbalta, Lyrica, and Ibuprofen. Diagnostic imaging was not included. Per 01/05/15 progress note patient is temporarily totally disabled. MTUS Chronic Pain Medical Treatment Guidelines page 24 for Benzodiazepines states: "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence." ODG Pain Chapter, under Benzodiazepines states: "Not recommended for long-term use longer than two weeks, because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Tolerance to lethal effects does not occur and a maintenance dose may approach a lethal dose as the therapeutic index increases. The best prevention for substance use disorders due to benzodiazepines is careful prescribing." In regards to the request for what appears to be the initial trial of Temazepam, the treater has specified an excessive duration of therapy. While MTUS guidelines do not provided a specific time frame on Benzodiazepine utilization, ODG guidelines provide a

clearer recommendation of two weeks for medications of this class. The requested 30 tablets exceeds this recommendation and does not imply short term use. Additionally, progress notes provided do not provide documentation of anxiety related complaints for which this drug class is generally used. While progress note dated 01/12/15 states: "Temazepam has been beneficial." the risk of dependence, drug interaction, and overdose coupled with rapid loss of efficacy does not support continued use. Therefore, the request IS NOT medically necessary.