

<b>Case Number:</b>	CM15-0028833		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	03/31/2006
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/16/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 49 year old female injured worker suffered an industrial injury on 3/31/2006. The diagnoses were chronic fibromyalgia, severe major depression and thoracic outlet syndrome. The treatments were physical therapy, medications, psychotherapy. The treating provider reported anxiety, depression, difficulty with activities of daily living, and suicidal thoughts. The Utilization Review Determination on 2/6/2015 non-certified 1 Prescription of Temazepam 15mg with 2 refills, ODG.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Prescription of Temazepam 15mg with 2 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** The injured worker sustained a work related injury on 3/31/2006. The medical records provided indicate the diagnosis of chronic fibromyalgia, severe major depression

and thoracic outlet syndrome. The treatments were physical therapy, medications, psychotherapy. The medical records provided for review do not indicate a medical necessity for 1 Prescription of Temazepam 15mg with 2 refills. The MTUS does not recommend the use of the benzodiazepines for longer than 4 weeks due to diminishing effect and worsening side effects. The records indicate the injured worker has used this medication and other benzodiazepines, like Klonopin, for more than six months.