

<b>Case Number:</b>	CM15-0055677		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	11/01/2008
<b>Decision Date:</b>	06/05/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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 63 year old female, who sustained an industrial injury on 11/01/2008. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having cervical spine strain, lumbar disc bulge, status post right carpal tunnel release, left carpal tunnel syndrome, probable bilateral knee internal derangement, depression, and anxiety. Treatment to date has included psychotherapy, use of a cane, treatment with a hand specialist, physical therapy for the lower back and neck, and medication regimen. In a progress note dated 01/14/2015 the treating physician reports pain to the neck, lower back, bilateral wrists/hands, and bilateral knees. The injured worker has constant bilateral wrist pain along with weakness. The treating physician requested Temazepam capsules 15mg but the medical records lacked documentation indicating the specific reason for the requested medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Temazepam Cap 15mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC, Integrated Treatment/Disability Duration Guidelines, Mental Illness & Stress, Benzodiazepine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Benzodiazepine Page(s): 23.

**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 reason for the medication was not provided. Weaning of medication is indicated if there is prior use. Long-term use is not indicated. The request is not justified and the Temazepam is not medically necessary.