

Case Number:	CM15-0057228		
Date Assigned:	04/22/2015	Date of Injury:	04/28/1998
Decision Date:	05/20/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/25/2015

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, North Carolina
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 61 year old female who sustained an industrial injury on 04/28/92. Initial complaints and diagnoses are not available. Treatments to date include medications. Diagnostic studies are not addressed. Current complaints include chronic severe neck and back pain. Current diagnoses include pain in the joint, peripheral neuropathy, degenerative lumbar/lumbosacral/cervical intervertebral disc, lumbago, brachial neuritis or radiculitis, intervertebral cervical disc disorder, interstitial myositis, cervicgia, displacement of cervical intervertebral disc, myalgia and myositis. In a progress note dated 02/23/15 the treating provider reports the plan of care as home exercise program, moist heat, stretches, diclofenac, restore, psychologist visit, and neurosurgery consultation. The requested treatment is Temazepam.

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 Benzodiazepines.

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

Decision rationale: The request is for Restoril (Temazepam 30 mg) for sleep/spasm. The CA MTUS states that benzodiazepines are not recommended for long-term use since their efficacy is unproven and there is a risk of dependency. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids. The records submitted for review reveal no treatment plan for the use of Restoril. The documentation does not provide evidence of insomnia. There is no documentation of sleep habits, sleep hygiene or hours of sleep. There is also no documentation of efficacy of the Restoril, such as longer sleep duration or improved sleep quality. Since no functional improvement is in evidence, this request is not medically necessary.