

<b>Case Number:</b>	CM15-0058368		
<b>Date Assigned:</b>	04/03/2015	<b>Date of Injury:</b>	08/25/2008
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2015

### 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 59-year-old male, who sustained an industrial injury on 8/25/08. He reported multiple industrial injuries. The injured worker was diagnosed as having cervical spine degenerative disc disease, cervical spine transitional disc disease, right shoulder status post-surgery times 4, status post left shoulder manipulation under anesthesia, status post right elbow ulnar nerve transposition and status post left ulnar nerve transposition and status post bilateral carpal tunnel release, bilateral thoracic outlet syndrome and lumbar spine radiculitis with mechanical back pain. Treatment to date has included oral medications including opioids, cervical spinal fusion, physical therapy, multiple shoulder surgeries and bilateral carpal tunnel release. Currently, the injured worker complains of headaches, bilateral shoulder pain and bilateral upper extremity pain, he also complains of neck pain with radiation to both shoulders and upper extremities. Physical exam noted palpable tenderness of bilateral cervical paraspinal tenderness with decreased range of motion, tenderness over both biceps, over the subacromial space and bilateral acromioclavicular joints and decreased grip strength. The treatment plan included request for authorization for Norco, Morphine Sulfate, Zanaflex, Doxepin and Zonisamide and Temazepam and a urine drug screening.

### 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 24.

**Decision rationale:** Temazepam (Restoril) is a benzodiazepine hypnotic often prescribed for the treatment of anxiety/ insomnia. Per the MTUS Chronic Pain Treatment Guidelines, chronic benzodiazepines are the treatment of choice in very few conditions with tolerance to hypnotic effects developing rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. Submitted reports have not demonstrated any clinical findings or specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how use of this sedative/hypnotic has provided any functional improvement from treatment already rendered. The Temazepam 30 mg #30 is not medically necessary and appropriate.