

Case Number:	CM15-0086964		
Date Assigned:	05/11/2015	Date of Injury:	06/26/2003
Decision Date:	06/19/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	05/06/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 injured worker is a 46-year-old male, who sustained an industrial injury on 6/26/2003. He reported developing pain in bilateral arms, hands, wrists, elbows, and the neck from repetitive forceful use and activity. Diagnoses include cervical discopathy with disc displacement, status post cervical fusion, radiculopathy, right shoulder impingement syndrome; status post right shoulder surgery. He is also status post right wrist carpal tunnel surgery in 1993. Treatments to date include medication therapy, activity modification, psychotherapy, group therapy, biofeedback, and physical therapy. Currently, he complained of neck pain with radiation down bilateral arms and associated with numbness and tingling. On 3/26/15, the physical examination documented well-healed cervical incisions, decreased range of motion. The right shoulder was tender to palpation with positive Neer's, Hawkin's, and O'Brien's tests. Decreased sensation was noted to bilateral C5-C6 distributions. The plan of care included continuation of medication therapy that included Restoril (temazepam) 30 mg tablets; one tablet by mouth before bed, quantity #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril (Temazepam) 30mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Temazepam and Other Medical Treatment Guidelines Temazepam (Restoril) package insert.

Decision rationale: Temazepam is a benzodiazepine. MTUS states that benzodiazepine, are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. 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. The ODG also notes that benzodiazepines are not recommended. Criteria for use, if prescribe anyway include: 1) Indications for use should be provided at the time of initial prescription. 2) Authorization after a one-month period should include the specific necessity for ongoing use as well as documentation of efficacy. In this case, the medical records indicate that the patient has been on benzodiazepines far in excess of 4 weeks. Based on the medical documentation provided, there is no evidence of functional improvement from Restoril. Additionally, no documentation as to if a trial of antidepressants was initiated and the outcome of this trial. As such, the request is not medical necessary.