

<b>Case Number:</b>	CM15-0087372		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	11/20/2008
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 58 year old male, who sustained an industrial injury on 11/20/2008. On provider visit dated 02/09/2015 the injured worker has reported chronic neck and low back pain. On examination the injured worker was noted to be in no acute distress, alert and oriented. Speech and cognitive were noted as clear and fluent. Appearance was appropriate and affect was noted as normal. The diagnoses have included insomnia disorder treated to know organic factor and anxiety about body function or health. Treatment to date has included medication. The provider requested Lorazepam 2 mg #270 and Temazepam 15 mg #270.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lorazepam 2 mg #270:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** According to MTUS guidelines, benzodiazepines are not recommended for long term use for pain management because of unproven long term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. In this case, there is no documentation of sleep history nor objective functional improvement with previous use of the medication. Therefore the use of Lorazepam 2mg #270 is not medically necessary.

**Temazepam 15 mg #270:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** According to MTUS guidelines, benzodiazepines are not recommended for long term use for pain management because of unproven long term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. There is no clear documentation that the drug will be used for less than 4 weeks. Therefore the prescription of Temazepam 15mg, quantity 270 is not medically necessary.