

Case Number:	CM14-0092736		
Date Assigned:	07/25/2014	Date of Injury:	05/21/2010
Decision Date:	06/29/2015	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/18/2014

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 (IW) is a 53 year old male who sustained an industrial injury on 05/21/2010. He reported a low back injury and left lower extremity pain. The injured worker was diagnosed as having thoracic or lumbosacral neuritis or radiculitis not otherwise specified, lumbago, myalgia and myositis not otherwise specified, electronic prescribing enabled, depressive disorder not elsewhere classified, sleep disturbance not otherwise specified, encounter for long - term use of other medications. Treatment to date has included care with a pain specialist. His medications include Medrox ointment, Omeprazole, Temazepam, Etodolac, Norco, Zofran, Prozac, and Wellbutrin. Currently, the injured worker complains of an aching and lancinating sensation in the primary area of discomfort. The pain is exacerbated by periods of increased activity and lifting of objects. Pain medications and some injection therapies relieve the pain. The IW states he feels he is currently using the lowest possible amount of pain medication possible to achieve appreciable pain relief and achieve a higher degree of daily function. The IW is not overly sedated and reports he continues to have difficulty obtaining adequate levels of restorative sleep despite the current treatment. A pain contract is on file and the IW is subject to random urine screens. He reports no untoward side effects from the medications. A request is made for Temazepam, 7.5 mg, #60, Refills: 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 7.5mg, #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines; Weaning of Medications Page(s): 24, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Insomnia Treatment, pages 535-536.

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, 7.5 mg, #60, Refills: 3 is not medically necessary and appropriate.