

<b>Case Number:</b>	CM15-0015870		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	04/16/2012
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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 4/16/2012, resulting in knee pain. The diagnoses have included lumbosacral spondylosis without myelopathy and medial meniscus tear, left knee. Treatment to date has included conservative measures. A PR2 report dated, 11/12/2014, noted that the injured worker was evaluated by an orthopedic surgeon on 4/23/2012, had x-rays performed, and was prescribed Tramadol and Temazepam. Currently, the injured worker complains of bilateral knee pain and lumbar spine pain. He used a cane for ambulation. Physical exam noted tenderness to palpation over the paraspinal muscles, sacroiliac joints, posterior superior iliac spine area, and the buttocks. Exam of bilateral knees showed an incision on his right knee and tenderness to palpation to the prepatellar bursa on the left. Radiographic findings of the lumbar spine were referenced as showing degenerative disc disease. The left knee x-ray noted no fracture or bony abnormalities. The right knee x-ray showed the total compartment side intact. Medications included Norco, Cyclobenzaprine, and Temazepam. On 1/13/2015, Utilization Review non-certified a prescription request for Temazepam 30mg #30, noting the lack of compliance with MTUS Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Temazepam 30mg, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 75-78; 64-65; 24.

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

**Decision rationale:** This patient presents with bilateral knee pain, and lumbar spine pain. The treater has asked for TEMAZEMPAM 30MG #30 on 12/10/14. Patient has been taking Temazepam since 11/12/14 report. Regarding benzodiazepines, MTUS recommends for a maximum of 4 weeks, as long-term efficacy is unproven and there is a risk of dependence. The patient is currently on temporary partial disability status for the next 30 days. In this case, the patient has been taking Temazepam for a month, and the reports do not mention the medication is for short-term use, or to address an acute issue. The requested use of Temazepam is not indicated for this type of condition. The request IS NOT medically necessary.