

<b>Case Number:</b>	CM15-0110765		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	03/20/2005
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	05/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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: Internal 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 68 year old female who sustained an industrial injury on March 20, 2005. She has reported chronic low back pain with peripheral neuropathy and has been diagnosed with lumbar disc dis. Treatment has included medications. There was tenderness at L4-L5 and L5-S1 interspaces. There was bilateral paraspinous muscle tenderness from L3 to S1, spasm. Straight leg raise was 30 degrees on the right and 40 degrees on the left. There was five plus strength of extensor hallicus long, peroneus brevis and longus and anterior tibialis muscles. The treatment request included Alprazolam and temazepam.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Alprazolam 1mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines; Weaning of Medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, page 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Benzodiazepines.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 24) indicate that benzodiazepines 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. ODG guidelines indicate that benzodiazepines are not recommended for long-term use, because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. The risks associated with hypnotics outweigh any benefits of hypnotics. Benzodiazepines are not recommended as first-line medications by ODG. The progress report dated 3/25/15 documented the medications Alprazolam (Xanax) and Temazepam (Restoril). The progress report dated 4/29/15 documented the medications Alprazolam (Xanax) and Temazepam (Restoril). Medical records document the long-term use of benzodiazepines. MTUS guidelines do not support the long-term use of benzodiazepines. ODG guidelines do not recommend the long-term use of benzodiazepines. Therefore the request for Alprazolam (Xanax) is not supported. Therefore, the request for Alprazolam is not medically necessary.

**Temazepam 30mg #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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Restoril (Temazepam) Benzodiazepines.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 24) states that benzodiazepines 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. ODG guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. ODG guidelines states that Restoril (Temazepam) is not recommended. The progress report dated 3/25/15 documented the medications Alprazolam (Xanax) and Temazepam (Restoril). The progress report dated 4/29/15 documented the medications Alprazolam (Xanax) and Temazepam (Restoril). The long-term use of benzodiazepines is not supported by MTUS guidelines. ODG guidelines indicates that Restoril (Temazepam) is not recommended. Therefore, the request for Temazepam is not medically necessary.

