

<b>Case Number:</b>	CM15-0118231		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	12/07/2007
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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 York

Certification(s)/Specialty: Pediatrics, 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 65 year old male injured worker suffered an industrial injury on 12/07/2007. The diagnoses included cervicogenic headache, intervertebral disc disease and cervicothoracic/lumbar myofascial pain. The injured worker had been treated with medications. On the treating provider reported that the medications helped him relieve the pain and he can walk for a longer period of time with the pain was rated 2 to 4/10 30% to 35% of the time. On exam reduced range of motion to the lumbosacral spine. There were moderate muscle spasms noted in the neck, thoracic spine, lumbar spine, sacroiliac region and right shoulder. The treatment plan included Temazepam and Benadryl.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Temazepam 50mg QTY: 10.00:** 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(s): 24.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines for Benzodiazepines stated they were not recommended for long-term use because long-term efficacy is unproven and a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to hypnotic effects develops rapidly. The documentation provided did not include a diagnosis of insomnia or any documentation of difficulty sleeping. The maximum dose for this medication is 30mg. The requested treatment indicated the dose prescribed was 50mg. Therefore, Temazepam was not medically necessary.

**Benadryl 50mg QTY: 10.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress Chapter, Diphenhydramine (Benadryl).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia treatment.

**Decision rationale:** The Official Disability Guidelines for Insomnia and Benadryl stated is was not recommended for insomnia as it may increase dementia by 50% in older adults and chronic use even at low does would be at the highest risk category. It was also determined that tolerance developed within a few days. Next day sedation had been noted as well as impaired psychomotor and cognitive function. The documentation provided did not include a diagnosis of insomnia or symptoms of difficulty sleeping. Therefore, Benadryl was not medically necessary.