

<b>Case Number:</b>	CM15-0127867		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	04/06/2012
<b>Decision Date:</b>	08/14/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 65 year old male, who sustained an industrial injury on April 6, 2012. Treatment to date has included MRI of the lumbar spine, right shoulder injection, TENS unit, ice therapy, activity modifications, and medications. A physician's evaluation on February 18, 2015 revealed the injured worker complained of pain in the cervical spine, the lumbar spine and the bilateral shoulders. He reported that his cervical spine pain radiated to the cervico-occipital area with intermittent headaches and radiated into the trapezius and the upper interscapular area. He described his cervical spine pain as aching, throbbing, sharp and stiff. He rates his cervical spine pain a 3-5 on a 10-point scale. His right shoulder pain was described as sharp and aching. He noted that his right shoulder pain radiated between the shoulder and down into his right arm. He rates his right shoulder pain a 3-7 on a 10-point scale. He reported pain in the left shoulder which he described as aching and sharp. His left shoulder radiated between the shoulder and into his left arm. He rated his left shoulder pain a 4-8 on a 10-point scale. He reported numbness and tingling into the bilateral two ulnar digits associated with the symptoms in the right and left shoulders. His lumbar spine pain was described as aching, stabbing, burning, throbbing and sharp. He noted that the pain radiated into the ileolumbar area, into the right lower extremity and into the left buttock. He rates his lumbar spine pain a 5-8 on a 10-point scale. The diagnoses associated with the request include thoracic lumbar neuritis or radiculitis, brachial neuritis or radiculitis, shoulder sprain or strain, neck sprain or strain, adhesive capsulitis of the shoulder, bicipital tenosynovitis and chronic pain syndrome. The treatment plan includes right shoulder injection, continued medications, TENS unit, home exercise and follow-up evaluation.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Temazepam 30mg, Days supply 30, Quantity #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines, Benzodiazepine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 24 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Benzodiazepines, Chronic Pain, Sleep Medication, Insomnia treatment.

**Decision rationale:** Regarding the request for Temazepam, Chronic Pain Medical Treatment Guidelines state the 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 anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. ODG also states "These medications are only recommended for short-term use due to risk of tolerance, dependence, and adverse events (daytime drowsiness, anterograde amnesia, next-day sedation, impaired cognition, impaired psychomotor function, and rebound insomnia)." Furthermore, Benzodiazepines are not recommended as first-line medications by ODG. Within the documentation available for review, there is no thorough description of the patient's sleep complaints, failure of behavioral treatment, response to medication, etc. As such, there is no clear indication for use of this medication as a first line agent. In light of the above issues, the currently requested Temazepam is not medically necessary.