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| Case Number: | CM15-0067054 | | |
| Date Assigned: | 04/15/2015 | Date of Injury: | 03/01/2012 |
| Decision Date: | 05/14/2015 | UR Denial Date: | 03/24/2015 |
| Priority: | Standard | Application Received: | 04/08/2015 |

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 52 year old male, who sustained an industrial injury on 03/01/2012. On provider visit dated 03/10/2015 the injured worker has reported increased neck, intermittent numbness and tingling in both hands and persistent low back pain that radiates into the upper sacral region. She continues to complain of pain over the mid thoracic region near the bra line. On examination of the cervical spine was noted as limited range of motion. The diagnoses have included status post C4-C7 anterior cervical discectomy and fusion, cervicgia with myofascial pain, cervical spine strain/sprain, cervical radiculopathy, lumbar spine sprain/strain with persistent low back pain, depression and insomnia. Treatment to date has included pain medication, psychotherapy and x-rays. The provider requested Temazepam 30mg quantity 30 for insomnia secondary to pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 30mg quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs; Benzodiazepines Page(s): 68-69; 24.

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

Decision rationale: Temazepam 30mg quantity 30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The documentation does not indicate extenuating circumstances which would necessitate going against guideline recommendations and using this medication longer than the 4 week time period. The documentation indicates that the patient was already taking Temazepam. The request for continued Temezepam is not medically necessary.