

<b>Case Number:</b>	CM15-0091277		
<b>Date Assigned:</b>	05/15/2015	<b>Date of Injury:</b>	12/06/2001
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2015

### 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:

This 55-year-old male sustained an industrial injury on 12/06/01. He subsequently reported back pain. Diagnoses include bilateral sciatica, lumbago and thoracic or lumbar radiculitis. Treatments to date include x-ray and MRI testing, injections, physical therapy and prescription pain medications. The injured worker continues to experience low back pain that radiates to the lower extremities. Upon examination, lumbar range of motion is full and pain free, cervical range of motion is reduced. Gait is antalgic on the right but not broad based. Straight leg raise with back pain on the right and on left, pain radiates left. A request for Temazepam medication was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Prescription of Temazepam #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Insomnia treatment.

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

**Decision rationale:** 1 Prescription of Temazepam #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 continuing this medication long term. The request for Temazepam is not medically necessary.