

Case Number:	CM13-0044205		
Date Assigned:	12/27/2013	Date of Injury:	05/27/2010
Decision Date:	06/23/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/28/2013

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. The expert reviewer is Board Certified in Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 51-year-old female who reported an injury on 05/27/2010. The patient was noted to have an arthroscopic Bankart and SLAP repair, along with a posterior capsular plication on 07/19/2013. The patient's diagnoses were noted to be right shoulder status post arthroscopic Bankart and SLAP repair with posterior capsular plication, and right knee pain, mostly medial and patellofemoral. The request was made for Temazepam and Opiramate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request (DOS: 8/22/13) for Topiramate 25MG #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate Page(s): 16.

Decision rationale: California MTUS guidelines indicate that Topiramate is shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The clinical documentation submitted for review failed to provide documentation of the efficacy of the requested medication as there was a lack of documentation accompanying the request to include an office note to support the

use of the medication. Given the above, the request for Topiramate 25 mg #120 is not medically necessary.

Retrospective request (DOS: 8/22/13) for Temazepam 30MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: California MTUS guidelines do not recommend Benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks and the guidelines indicate that chronic benzodiazepines are the treatment of choice in very few conditions. The clinical documentation submitted for review failed to provide documentation of the efficacy of the requested medication as there was a lack of documentation accompanying the request to include an office note to support the use of the medication. Given the above, the request for Temazepam 30 mg #30 is not medically necessary.