

Case Number:	CM13-0049606		
Date Assigned:	12/27/2013	Date of Injury:	01/07/2009
Decision Date:	03/11/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 physician 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 42-year-old female who reported an injury on January 07, 2009. Review of the medical record reveals that the patient's diagnoses include cervical degenerative disc disease, lumbar degenerative disc disease, bilateral shoulder impingement, bilateral carpal tunnel syndrome, bilateral cubital tunnel syndrome, numbness in the arms, foot numbness, irritable bowel movement, hypertension, heart disease, and diabetes. The most recent clinical note, dated November 01, 2013, revealed that the patient continued to have complaints of cervical and lumbar spine pain that she rated 8/10 on a visual analogue scale (VAS). Objective findings upon examination revealed limited range of motion of the lumbar spine, tenderness to palpation over the lumbar paraspinal muscles bilaterally, and straight leg raise was positive. The patient did continue to have moderate to severe pain affecting cervical and lumbar spine with neuropathic pain involving the bilateral lower extremities. The patient was prescribed Ultram as a second line therapy as the patient had tried and failed other first line therapies, including physical therapy, activity restrictions, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Temazepam (Restoril 15mg): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

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

Decision rationale: According to the California MTUS Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit the use to 4 weeks. The patient continues to have complaints of lumbar and cervical pain, which interferes with her sleeping pattern. The use of a benzodiazepine medication does not appear appropriate for the patient's chronic pain issues, as its long-term efficacy is not proven. It is stated, per California MTUS Guidelines, that chronic benzodiazepines are the treatment of choice in very few conditions. As the patient's medical condition is chronic, the use of the requested medication is not appropriate due to its recommendations for short-term use. Therefore, the request for 30 Temazepam (Restoril 15mg) is non-certified.