

Case Number:	CM13-0062121		
Date Assigned:	12/30/2013	Date of Injury:	02/19/2004
Decision Date:	04/04/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/06/2013

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 Family Practice and is licensed to practice in Texas. 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 reported an injury on 02/19/2004. The mechanism of injury was not specifically stated. The patient is currently diagnosed as status post laminectomy and interbody fusion. The patient was seen by [REDACTED] on 08/14/2013. The patient reported ongoing lower back pain with weakness in bilateral lower extremities. Physical examination revealed a well-healed incision, tenderness to palpation, reduced range of motion, and an antalgic gait. Treatment recommendations included continuation of current medication including Temazepam for insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temezepam 15mg #30: Upheld

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

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

Decision rationale: California MTUS Guidelines state benzodiazepines are not recommended for long-term use, because long-term efficacy is unproven and there is a risk of dependence. As

per the documentation submitted, the patient has previously utilized this medication. However, there was no documentation of functional improvement. There is no evidence of chronic insomnia or sleep disturbance. As guidelines do not recommend long-term use of this medication, the current request is non-certified.