MAXIMUS Federal Services

Case Number:	CM13-0065460		
Date Assigned:	01/03/2014	Date of Injury:	05/29/2009
Decision Date:	07/18/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/13/2013

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 Internal Medicine and is licensed to practice in New York. 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 33 year old male who was injured on 05/29/2009. The mechanism of injury occurred while the patient was lifting a 100 pound bucket of pool conditioner off the bed of the truck. As a result, the patient felt a popping sensation and pain to his low back with radiation down the left leg. His diagnoses include L4-S1 stenosis; disc degeneration L5-S1, possible at L4-5; left leg radiculopathy; and status post L4-S1 bilateral laminectomies, L5-S1 transforaminal lumbar interbody fusion with cage, posterior spinal instrumentation and fusion on 10/23/2013. Prior treatment history has included Norco. The patient's medications have included Dilaudid, Zofran, and Lyrica.Postoperative follow-up dated 10/30/2013 stated the patient continues to have pain in the lumbar spine with numbness down the bilateral lower extremities. The patient rated his symptoms as a 10/10 on VAS. On examination, the patient had a well-healed midline incision. He was taking Dilaudid 4 mg/ml ampoule. The patient was started on Restoril and was instructed to follow-up in four to six weeks for consideration of post-operative physical therapy. X-rays were requested for the lumbar spine to include AP and lateral views.PR2 dated 12/04/2013 documented the patient had an increase of pain in the lumbar spine with numbness down the left lower extremity. The patient rated his symptoms as a 10/10 on a VAS. Objective findings on exam revealed the patient walked with the use of a front wheeled walker. The patient had a well healed incision. On palpation, there was no palpable tenderness of the paravertebral muscles bilateral. There was no evidence of tenderness over the sacroiliac joints, bilaterally. There was no tenderness over the sciatic notches. There was no tenderness over the flanks, bilaterally. There was no tenderness noted over the coccyx. There was decreased sensation on the left S1 dermatome; Range of motion revealed flexion to 30 degrees; extension to 9 degrees; left lateral bend to 20 degrees and right lateral bend to 25 degrees; Reflexes were

2+ bilaterally; Motor power 5/5 throughout bilaterally; straight leg raise was positive on the left lower extremity. The treating provider has requested Restoril 30mg #30 x 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 RESTORIL 30MG WITH 2 REFILLS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Benzodiazapines.

Decision rationale: The ODG/CA MTUS does not recommend benzodiazepines for chronic long term use especially in failed back surgery syndrome. Temazepam (brand name Restoril) is an intermediate-acting 3-hydroxy hypnotic of the benzodiazepine class of psychoactive drugs. Temazepam is approved for the short-term treatment of insomnia. Long-term use is not recommended as there are associated risks of impaired funciton and memory with use more than opioids, as well as Temazepam may be habit forming. There is no documentaiton of a specific sleep disorder and the claimant is maintained on opiate therapy with Diludid. Medical necessity for the requested treatment has not been established. The requested treatment is not medically necesary.