

Case Number:	CM14-0000551		
Date Assigned:	09/05/2014	Date of Injury:	09/17/2010
Decision Date:	10/10/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/02/2014

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 Family Medicine and is licensed to practice in California. 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 injured worker is a 35 year old male who sustained injury on 09/17/10 when he fell approximately fifteen feet fracturing his left hip which required an open reduction internal fixation. The injured worker was followed for continuing complaints of left sacroiliac joint pain and low back pain. The injured worker was also followed for ongoing sleep issues secondary to orthopedic complaints. Other treatment included transcutaneous electrical nerve stimulation (TENS) unit and medications including Neurontin, Prilosec, Norco, and Temazepam. Clinical record from 12/13/13 noted the injured worker had persistent complaints of low back pain severe 8/10 on visual analog scales (VAS) and sacroiliac joint pain. On physical examination the injured worker had continued limited range of motion in the lumbar spine with decreased sensation in left S1 L5 to S1 distribution. No motor weakness was identified. The injured worker was continued on Norco Neurontin, Prilosec, Temazepam, and Anaprox. The injured worker had prior urine drug screen reports in 2013 consistent with Temazepam. The requested Temazepam 30 milligrams quantity thirty was denied by utilization review on 12/17/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 30mg #30: Upheld

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

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

Decision rationale: In regards to the use of Temazepam 30 milligrams quantity thirty, this request is not medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The chronic use of benzodiazepines is not recommended by current evidence based guidelines as there is no evidence in the clinical literature to support the efficacy of their extended use. The current clinical literature recommends short term use of benzodiazepines only due to the high risks for dependency and abuse for this class of medication. The clinical documentation provided for review does not specifically demonstrate any substantial functional improvement with the use of this medication that would support its ongoing use. As such, there is no medical necessity for continuing use of this medication.