

Case Number:	CM14-0103909		
Date Assigned:	07/30/2014	Date of Injury:	10/28/2003
Decision Date:	10/08/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/07/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 patient is a 58 years old male with an injury date on 10/28/2013. Based on the 05/31/2014 progress report provided by [REDACTED], the diagnosis is: 1. Lumbar sprain. According to this report, the patient complains of back pain radiates to bilateral lower extremity but more on the left side. "Pain helped with current regime c/o inability to sleep." The patient rated the pain as a 5-6/10 and an 8/10 without medications. Tenderness and spasm are noted at the L3-L5 paraspinal muscles. Lumbar range of motion is decreased. Deep tendon reflexes are decreased in the bilateral lower extremities. Decreased sensory to pin-prick along the left and right lateral leg are noted. There were no other significant findings noted on this report. The utilization review denied the request on 06/27/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 12/07/2013 to 05/31/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 15mg #30: Upheld

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

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

Decision rationale: According to the 05/31/2014 report by [REDACTED] this patient presents with back pain radiates to bilateral lower extremity but more on the left side. The treater is requesting Temazepam 15mg #30. The MTUS Guidelines page 24 state "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." Temazepam was first prescribed to the patient on 04/05/2014 report. Per MTUS and ODG Guidelines, benzodiazepines run the risk of dependence and difficulty of weaning. It is not recommended for a long-term use. Therefore, the request is not medically necessary.

Spriz 15.75 mg/spray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain

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

Decision rationale: According to the 05/31/2014 report by [REDACTED] this patient presents with back pain radiates to bilateral lower extremity but more on the left side. The treater is requesting Sprix 15-75 mg / spray. The MTUS and ACOEM Guidelines do not address Sprix; however, ODG Guidelines states "FDA approved an intranasal formulation of ketorolac tromethamine (Sprix Nasal Spray)." Sprix is recommended for short-term use. This intranasal formulation, as with other ketorolac formulations, should be for the shortest duration possible and not exceed 5 days. Review of reports show Sprix was first prescribed to the patient on 05/05/2014. The requested Sprix to use more than 5 days is not medically necessary.