

<b>Case Number:</b>	CM14-0107295		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	01/14/2011
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	07/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2014

### 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 & Rehabilitation, and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 58-year-old female was reportedly injured on 1/14/2011. The mechanism of injury was not listed. The most recent progress notes, dated 5/15/2014 and 7/22/2014, indicate that there were ongoing complaints of low back pain with radiation to the lower extremities. Physical examination demonstrated anterior left neck, posterior neck and back incisions well-healed with no signs of infection, full range of motion of the shoulder, tenderness over the bicipital groove bilaterally, moderate tenderness in mid to low lumbosacral region and bilateral sacroiliac (right greater than left). Lumbar spine range motion with flexion 60, extension 5 with pain, rotation 20 with pain, and lateral bending 10. Positive right straight leg raise and negative on the left. Diminished sensation to pinprick in bilateral L5 and left L4 dermatomes. Reflexes were 0/4 in lower extremities bilaterally and normal walking gait, but the patient was unable to perform heel walking. MRI of the lumbar spine, dated 6/5/2014, demonstrated laminectomy at L4-S1, Grade 1 spondylolisthesis at L4-L5 with left sided disk bulge at L4-L5 that encroached on the left L5 nerve, bilateral foraminal stenosis at L4-L5, mild to moderate central canal stenosis at L3-L4 and bilateral foraminal stenosis with L3 nerve roots compressed and moderate to severe right-sided foraminal stenosis at L5-S1 with right L5 nerve root compression. Previous treatment included an anterior/posterior cervical spine fusion, lumbar laminectomy L4-L5 and L5-S1 and medications to include Ultram ER, Cyclobenzaprine, Omeprazole, Lyrica, Meloxicam, Percocet, Neurontin, OxyContin, Lidoderm patch and Temazepam. A request had been made for Temazepam/Restoril 7.5 mg # 15 and Anaprox-DS/naproxen 550 mg # 60, which were not certified in the utilization review on 7/1/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Temazepam/Restoril 7.5mg, # 15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 -9792.26; MTUS (Effective July 18, 2009) Page(s): 24.

**Decision rationale:** MTUS treatment guidelines do not support benzodiazepines (Restoril/Temazepam) for long-term use, because long-term efficacy is unproven and there is a high risk of dependence. Most guidelines limit use to 4 weeks. This request is not considered medically necessary.

**Anaprox-DS/Naproxen 550mg, # 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS; (Effective July 18, 2009) Page(s): 66 AND 73.

**Decision rationale:** Anaprox/Naproxen is a non-steroidal anti-inflammatory medication with an indication for osteoarthritis per MTUS treatment guidelines. NSAIDs are the traditional first line of treatment to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Review of the available medical records demonstrates chronic neck and low back pains after a work-related injury in 2011. Given the date of injury, diagnosis and clinical presentation, this request is not considered medically necessary.