

Case Number:	CM14-0016571		
Date Assigned:	04/11/2014	Date of Injury:	10/12/1998
Decision Date:	05/28/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/10/2014

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 and Rehabilitation, has a subspecialty in Pain 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 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 year old female who was injured on 10/12/1998. The mechanism of injury is unknown. Prior treatment history has included Terocin which have been helpful. The patient's medications as of 02/18/2014 and 02/14/2014 include Wellbutrin, Celebrex, Temazepam, Losartan, Amlodipine and Valium. PR2 dated 02/18/2014 reports the patient presents with complaints of increasing medial left elbow pain, left knee pain, right knee pain, neck pain and low back pain. She had been seen 4 days prior and since then, she has been experiencing increasing problems with medial left elbow pain, left olecranon pain, and posterior distal left upper arm pain. All requested treatments have been denied. She does have a past medical history of hypertension, depression, and anxiety. Objective findings on exam revealed tenderness of the left elbow along the medial epicondyle with pain increased with pronation of the forearm against resistance. The left knee has minimal tenderness. Knee range of motion is 0-130 degrees with no pain and there is no effusion or soft tissue swelling. The right knee has no tenderness. The range of motion is 0-130 degrees with no pain. There is tenderness at the base of the cervical spine mostly to the right of midline with mild associated spasm as well. There is tenderness at L4-5 with spasm. Impression is bilateral knee pain, left greater than right; lumbago; cervicalgia; medial epicondylitis left elbow; and right third trigger finger. Progress note dated 12/09/2013 reports the patient is probably a little bit more depressed through the holiday season, feeling less energy but her medicines have worked pretty well for her. She is on a combination of Wellbutrin XL for depression, ibuprofen for pain, Celebrex also for pain, Restoril for sleep and Valium 5 mg twice a day for anxiety. PR2 dated 07/31/2013 states the patient complains that the medications she has been on for quite some time including Wellbutrin

SL, Lunesta as well as an early trial of Temazepam have all been denied. She states that she is going through withdrawal in terms of dizziness, poor memory retention and anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEMAZEPAM CAPS 30 MG (NON-FORMULARY DEA CLASS IV) QUANTITY: 30, REFILL 0 OF 1: Upheld

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

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

Decision rationale: The Expert Reviewer's decision rationale: According to the guidelines, Temazepam is not recommended. Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs. The guidelines states Benzodiazepines are the treatment of choice in very few conditions. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. In addition, the medical records do not document current subjective complaints, objective findings/observations, and an active diagnosed anxiety disorder. Regardless, a more appropriate treatment for anxiety disorder is an antidepressant. The medical records do not provide a clinical rationale that establishes the necessity for a medication not recommended under the evidence-based guidelines.