

Case Number:	CM14-0111308		
Date Assigned:	08/01/2014	Date of Injury:	09/06/2000
Decision Date:	10/09/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/16/2014

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 Orthopedic Surgery 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 records presented for review indicate that this 58-year-old female was reportedly injured on September 6, 2000. The most recent progress note, dated June 20, 2014, indicates that there are ongoing complaints of low back pain. There were also complaints of depression and headaches. Current medications included Nexium, Zestril, Zocor, Ativan, fluticasone, and Vicodin. The physical examination demonstrated decreased EHL strength of the right foot rated at 4/5 and decreased sensation to light touch at the right leg. Diagnostic nerve conduction studies indicated and L4 radiculopathy. Previous treatment includes chiropractic care, physical therapy, epidural steroid injections, and oral medications. A request had been made for temazepam and was not certified in the pre-authorization process on July 8, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 30mg, #30, 3 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a684003.html>

Decision rationale: Temazepam is a benzodiazepine prescribed for the short-term treatment of insomnia. This medication is generally prescribed for 7 to 10 days time. The California chronic pain medical treatment guidelines does not recommend long-term usage of benzodiazepines due to risk of dependence. The most recent progress note dated June 20, 2014, does not indicate any complaints of insomnia or difficulty sleeping. Additionally, this request for 30 tablets with three refills does not indicate short-term usage. For these reasons, this request for temazepam is not medically necessary.