

Case Number:	CM14-0124612		
Date Assigned:	08/08/2014	Date of Injury:	02/01/2008
Decision Date:	11/13/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/06/2014

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 North Carolina. 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 62-year-old with a reported date of injury of 02/01/2008. The patient has the diagnoses of. Past treatment modalities have included left knee total replacement with left knee revision surgery and right knee arthroscopy. Per the most recent progress notes provided by the primary treating physician dated 07/31/2014, the patient had complaints of bilateral low back pain and chronic left knee pain with compensatory right knee pain. The physical exam noted hypesthesia of the left knee with tenderness on the lateral joint line. There is restricted range of motion in the left knee, left ankle and lumbar spine. There is tenderness to palpation in the right knee joint lines and left ankle. There is 1+ right knee edema. Bilateral knee, lumbar and left ankle provocative maneuvers were positive. Treatment plan recommendations included an appeal for the use of Temezepam, Nucynta, hydrocodone. There was also a request for an orthopedic consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 90mg #30 no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines benzodiazepines Page(s): 23.

Decision rationale: The California chronic pain medical treatment guidelines section on benzodiazepines states: Benzodiazepines: Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005). The requested medication is not recommended for long term use over 4 weeks duration. The medication is being used as a treatment for sleep disturbance. There is no documentation of failure of first line agents recommended for long term treatment of sleep disorders. Therefore due to the reasons as outline above, the request is not medically necessary.