

Case Number:	CM14-0137378		
Date Assigned:	09/05/2014	Date of Injury:	09/30/2001
Decision Date:	10/30/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/25/2014

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, 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 66-year-old male with an injury date of 09/30/2001. According to the 08/11/2014 progress report, the patient complains of having left knee pain. There is tender left knee medial joint line and full range of motion. The patient's diagnoses include the following: 1. Left knee medial meniscus tear. 2. Status post bilateral shoulder, ASD. 3. Cervical strain/lumbar strain. The utilization review determination being challenged is dated 08/15/2014. Treatment reports were provided from 12/02/2013 - 08/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 15mg. Quantity:20: 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 08/11/2014 progress report, the patient complains of having left knee pain. The request is for Temazepam 15mg quantity of #20. The patient has been taking Temazepam as early as 12/02/2013. MTUS Guidelines page 24 states

"Benzodiazepines are not recommended for long term use because long term efficacy is unproven, and there is risk of dependence. Most guidelines limit use to 4 weeks." In this case, the patient has been taking Temazepam as early as 12/02/2013, which exceeds the 4-week limitations by MTUS. The request is not medically necessary.