

Case Number:	CM14-0158691		
Date Assigned:	10/02/2014	Date of Injury:	03/27/2012
Decision Date:	11/21/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/26/2014

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 Arizona & 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 injured worker is a 46-year-old female with a reported date of injury of 03/27/2012. The mechanism of injury was not documented in the clinical notes. The injured worker's diagnoses included lumbar stenosis, lumbar sprain/strain, lumbar degenerative disease, and depression. The past treatments included physical therapy and surgical intervention. There was no relevant diagnostic imaging studies submitted for review. The injured worker's surgical history included a microdiscectomy at the L4-5 level performed in 08/2013. The subjective complaints on 09/25/2014 included left low back pain that radiated to the left buttocks, left posterior thigh, and left posterior calf. The physical examination findings noted there was tenderness upon palpation of the lumbar paraspinal muscles overlying the bilateral L3 to S1 facet joints. Lumbar ranges of motion were restricted in all planes secondary to pain. The muscle strength was rated 5/5 in all limbs. The injured worker's medication included Norco, atenolol, OxyContin, Neurontin, Prozac, Temazepam, medical THC, and Tizanidine. The treatment plan was to refill Temazepam. A request was received for Temazepam 15 mg #60. The rationale for the Temazepam was to improve the patient's sleep cycles. The Request for Authorization form was dated 09/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 15mg #60: Upheld

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

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

Decision rationale: The request for Temazepam 15mg #60 is not medically necessary. The California MTUS Guidelines state that benzodiazepines are not recommended for long term use because long term efficacy is unproven and there is a risk for dependence. Most guidelines limit their use to 4 weeks. The clinical notes indicate that the patient has been on Temazepam since at least 08/27/2014. As Temazepam is not recommended for long term use, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.