

Case Number:	CM14-0023306		
Date Assigned:	05/12/2014	Date of Injury:	07/06/2007
Decision Date:	07/10/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/24/2014

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 internal 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 patient is a 43 year old male who was injured on 07/06/2007 while lifting a box. The box slipped out of his grasp as he was placing it on a shelf. He attempted to regain his balance, twisted and heard a pop in his low back. Prior treatment history has included as per UR report that he has had a neuroplasty with decompression L3-4, L4-5 and L5-S1 in March of 2008, anterior posterior L5-S1 instrumented fusion (cages, pedicle, screws and rods) in June of 2010, hardware removal and augmentation of fusion L5-S1, decompression right L5-S1 with nerve root foraminotomy in July of 2011, incision and drainage lumbar spine in August 2011 and physical therapy in April 2013. Diagnostic studies reviewed include urine toxicology report dated 07/31/2013 revealing detection of Hydrocodone, norhydrocodone and acetaminophen and negative detection for temazepam and diazepam. Progress report dated 03/25/2013 documented the patient with complaints of ongoing daily and constant low back pain which radiates into the bilateral lower extremities. The patient states that he has a new onset of pain radiating into his upper back, most likely due to posture. Objective findings on examination of the lumbar spine and lower extremities reveal the patient walks with a normal gait and has normal heel-toe swing through gait with no evidence of a limp. There is no evidence of weakness walking on the toes and heels. The patient has decreased sensation over the bilateral L4 and L5 dermatome distributions. The range of motion flexion is 47 degrees, extension 14 degrees, left and right lateral bend 25 degrees. Reflexes in the knees and ankles are absent bilaterally. Motor power in the left hip flexion is 5/5. Ankle dorsiflexion and ankle plantar flexion are 4/5. Straight leg raise is negative bilaterally at 90 degrees.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEMAZEPAM 30MG, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Benzodiazepine Section.

Decision rationale: The CA MTUS guidelines and ODG state that benzodiazepines are only recommended for short-term use for insomnia. They are only recommended for short term use due to risk of tolerance, dependence, and adverse effects including daytime somnolence, amnesia, impaired cognition, etc...It appears the patient has been prescribed temazepam since 09/13, which is much longer than the recommended duration. Further the documents do not discuss the patient's insomnia in detail including previous non-pharmacological treatments and sleep hygiene. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.