

Case Number:	CM14-0037787		
Date Assigned:	06/25/2014	Date of Injury:	03/01/2007
Decision Date:	07/29/2014	UR Denial Date:	03/08/2014
Priority:	Standard	Application Received:	03/31/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 38-year-old male was reportedly injured on March 1, 2007. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated February 4, 2014, indicated that there were ongoing complaints of low back pain and knee pain. Current medications included Cymbalta, docusate, Norco, Nuvigil, Oxcarbazine, OxyContin, Senna and Temazepam. The physical examination demonstrated ambulation with the use of a cane. Lower extremity strength was rated at 4/5. Examination of the right knee noted instability and crepitus. Examination of the lumbar spine noted tenderness from L4 through S1. Lumbar spine spasms were noted. There was a positive bilateral straight leg raise test at 20. Diagnostic imaging studies objectified an L3-L4 disc bulge indenting the thecal sac, and L4-L5 disc protrusion also indenting the thecal sac. Treatment plan included continuation of existing medications. Previous treatment included surgery, a CT scan, prescription medications and a home exercise program. A request had been made for Temazepam and was not certified in the pre-authorization process on March 8, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 30mg #60 with 3 refills.: 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 of 127.

Decision rationale: According to the medical record there was a previous discussion with the treating physician on February 18, 2014 stating that he would discontinue benzodiazepine medications such as Temazepam. Considering this, it is unclear why there is still a request for Temazepam with three refills. Additionally, the Chronic Pain Medical Treatment Guidelines do not recommend long-term usage of benzodiazepine medications due to rapid development of tolerance and risks of dependence. For these reasons, this request for Temazepam 30mg #60 with 3 refills is not medically necessary and appropriate.