

Case Number:	CM14-0038753		
Date Assigned:	07/09/2014	Date of Injury:	01/11/2008
Decision Date:	08/09/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/02/2014

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 Emergency 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:

A patient with reported date of injury on 1/11/2008. Mechanism of injury was being pushed while at work. The patient has a diagnosis of chronic low back pain, chronic hip pain and depression. Records reviewed show that the patient complains of pain in the low back, radiating to the right leg, described as burning, easing and waning. The objective exam reveals lumbosacral pain, limited range of motion to flexion and extension with intact rotation. Neurologically intact with no sensory or motor deficits. The patient's current medication is Ibuprofen, Norco, Flexeril, Temazepam and Celexa. An MRI of the lumbar spine (3/14/13) shows degenerative changes with L4-5 disc bulge with neuroforaminal narrowing especially to the right side. The patient has attempted physical therapy, pain medications and exercise with minimal improvement. The prior UR on 3/19/14 recommended partial certification of Temazepam to 20 tablets. It approved a prescription for Celexa.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temezapam (Restoril) 30mg QTY: 120 3 refills: Upheld

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

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

Decision rationale: As per MTUS Chronic Pain Guidelines, benzodiazepines are not recommended for long term use due to rapid tolerance and high risk of dependency. The large quantity of tablets requested and the number of refills, will equal almost a year's worth of daily use of the medication. This amount does not meet the short term recommendations noted in the guidelines. As such, the request is not medically necessary.