

Case Number:	CM14-0040179		
Date Assigned:	06/27/2014	Date of Injury:	10/18/2013
Decision Date:	08/25/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/07/2014

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 Occupational 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 38 year old female who was injured on 10/18/2012. The mechanism of injury is unknown. She has been treated conservatively with physiotherapy which provided little benefit. She has had facet joint injection with good pain relief of greater than 50%. The progress report dated 03/10/2014 documents little information but states the patient presented for a blood pressure check and a Gastrointestinal (GI) check. It states the patient is taking medications as directed. She has increased depression symptoms and daytime fatigue. On exam, her blood pressure (BP) was 141/82. There were no other findings reported. She is diagnosed with hypertension, insomnia, and constipation. The patient was prescribed Temazepam and Ambien. No Visual Analog Scale (VAS) was neither reported nor any measurable findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398-404, Chronic Pain Treatment Guidelines Initiating therapy Page(s): 77.

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

Decision rationale: According to the MTUS guidelines, Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. According to the ODG guidelines, Benzodiazepines are recommended for short-term treatment of insomnia. In this case the patient is prescribed this medication on a long-term basis. The history and examination findings do not support an exception to guideline recommendations. Such as, Temazepam #120 is not medically necessary.

Naproxen 550mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti inflammatory medications Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Naproxen.

Decision rationale: According to the MTUS guidelines, Osteoarthritis (including knee and hip), recommends at the lowest dose for the shortest period in patients with moderate to severe pain. Back Pain - Chronic low back pain: It is recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. In this case the patient is prescribed Naproxen long-term for chronic back pain. However, history and examination findings do not demonstrate clinically significant functional improvement, pain reduction or decreased dependency on medical care. Such as, Naproxen 550mg, #120 is not medically necessary.