

Case Number:	CM14-0053005		
Date Assigned:	07/07/2014	Date of Injury:	03/20/2005
Decision Date:	08/18/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/21/2014

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, has a subspecialty in Interventional Spine 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 67 years old female with an injury date on 03/20/2005. Based on the 04/09/2014 progress report provided by [REDACTED], the diagnosis is: Lumbar disc degeneration. According to this report, the patient complains of chronic lower back pain. Tenderness was noted at the L4-L5 interspace. There were tenderness and spasm at the bilateral paraspinal muscle. There were no changes of the patient's symptoms on the 02/25/2014 and 04/09/2014 reports. The patient states she notes that she's been taking Alprazolam since 2005. Alprazolam is a benzodiazepine medication. There were no other significant findings noted on this report. [REDACTED] is requesting Temazepam 30mg #30. The utilization review denied the request on 04/15/2014. Treatment reports are provided from 02/05/2013 to 05/06/2014 by [REDACTED], the requesting provider.

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 Benzodiazepines. Decision based on Non-MTUS Citation The Official Disability Guidelines, Pain (chronic).

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

Decision rationale: According to the 04/09/2014 report by [REDACTED], this patient presents with chronic lower back pain. The provider is requesting Temazepam 30mg #30. The MTUS Guidelines, page 24 state "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." Temazepam was first seen in the 02/25/2014 report; it is unknown exactly when the patient initially started taking this medication. Per MTUS and ODG Guidelines, benzodiazepines run the risk of dependence and difficulty of weaning. It is not recommended for a long-term use. Recommendation is not medically necessary.