

Case Number:	CM14-0057718		
Date Assigned:	07/09/2014	Date of Injury:	09/05/1995
Decision Date:	09/05/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/28/2014

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 Family 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:

This 62-year-old male patient reported an industrial injury to the back on 9/5/1995 (19 years ago) which was described as a trip and fall attributed to the performance of his customary job tasks. He has complained of numbness and pain to the feet bilaterally and is noted to be using an electric wheelchair for mobility about the house. The patient was taking 6-7 Norco per day, along with Temazepam for insomnia and Baclofen, four tabs a day. He was documented to have had L4-L5, L5-S1 fusion of the lumbar spine on 2/9/1999, and a revision fusion on 10/11/2005. The injured worker underwent a rotator cuff repair and acromioplasty on 7/13/2009 and has also had a carpal tunnel release. The treating diagnoses are status post shoulder surgery with rotator cuff repair; status post lumbar fusion; lumbar spine degenerative disc disease; and facet arthropathy with retrolisthesis at L1-L2, L2-L3, and L3-L4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 15mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Insomnia and Benzodiazepines.

Decision rationale: The use of Temazepam (brand name Restoril) is recommended by guidelines only for the short-term treatment of insomnia. This patient is being prescribed Temazepam chronically for use on a nightly basis. The patient has exceeded the recommended time-period for the use of this short-term sleep aide. The Official Disability Guidelines do not recommend the use of Benzodiazepines in the treatment of chronic pain insomnia. Temazepam is a hypnotic that is recommended only for severe insomnia or disabling sleep disorders, as it is known to disrupt normal sleep patterns. The continued use of Restoril is associated with tolerance and addictive behavior consistent with the overall class of Benzodiazepines. The provider has not documented any attempts at conservative treatment for insomnia, and the treatment of the insomnia has exceeded the time period recommended by evidence-based guidelines. There is no evidence within the documentation submitted that the patient has exhausted all of the available over-the-counter (OTC) sleep remedies. It is not clear that insomnia, 19 years after the date of injury, is an effect of the cited industrial injury, as there is no rationale supported by objective evidence provided by the requesting physician. As such, there is no demonstrated medical necessity for the prescribed Restoril/Tamazepam 15mg #60.