

<b>Case Number:</b>	CM14-0062807		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	09/27/2000
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 Orthopedic Surgery and is licensed to practice in Texas. 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 51-year-old female who sustained an injury on 09/27/00 while pulling a large hose. The injured worker slipped and fell to the right side, developing complaints of low back pain radiating throughout the lower extremities with associated numbness and tingling. The injured worker's prior surgical history has included a bilateral L4-5 and L5-S1 partial laminectomy with discectomy performed on 07/27/06. Revision decompression with lumbar fusion from L4 through S1 was performed in September of 2011. The injured worker's hardware was recommended for removal in May of 2013. MRI studies of the lumbar spine from 09/18/13 noted post-operative changes from L4 through S1. There was no evidence of a recurrence of a disc herniation at L4-5. There was some residual posterior spurring noted at L5-S1 without evidence of a recurrent disc herniation. There was no evidence of any canal stenosis at either level, and there was some residual foraminal stenosis noted. At L3-4, there was disc bulging, 1-1.5 millimeters, with noted facet hypertrophy contributing to mild canal and mild left-more-severe-than-right foraminal stenosis. The clinical report from 03/11/14 noted that the injured worker had continuing complaints of pain and had difficulty obtaining medication refills. Pain scores were 7/10 on the Visual Analog Scale (VAS). The injured worker described her pain as being in the low back, radiating to the lower extremities, with associated numbness and tingling. The injured worker described difficulty walking for more than a brief period of time and was unable to sit for long periods due to pain. On physical examination, there was palpable tenderness of the lumbar spine. The injured worker described pain with straight leg raise testing bilaterally. The injured worker did ambulate with an antalgic gait. Recommendations were for multi-level lumbar decompression of the lumbar spine. The injured worker was recommended to continue with Temazepam 30mg daily. The requested multi-level decompression of the lumbar

spine as well as Temazepam 30mg, quantity 30 with 2 refills were both denied by utilization review on 04/08/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Multilevel Decompression Lumbar Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Discectomy/Laminectomy.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

**Decision rationale:** In regards to the request for a multi-level decompression of the lumbar spine, the request is not medically necessary. The clinical documentation submitted for review did not specifically discuss which levels were being requested for surgical intervention. Neither the clinical report from 11/06/13 nor the most recent report from 03/11/14 identified specific levels for surgery. In review of the most recent MRI study of the lumbar spine from 2013, there was no apparent severe spinal canal stenosis or evidence of nerve root involvement at any level of the lumbar spine from L3 through S1 that would have reasonably required further decompression procedures. Although the injured worker's physical examination findings as well as subjective symptoms were consistent with possible neurogenic claudication, this was not supported by the provided imaging studies, which found no evidence of any severe stenosis of the canal or involvement of the nerve roots. Given the limited findings on imaging as well as the lack of any specific recommendation for surgery, this request is not found to be medically necessary.

#### **Temazepam 30mg #30 with two refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain.

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

**Decision rationale:** In regards to the request for Temazepam 30mg, #30 with 2 refills, this medication is not medically necessary based on review of the clinical documentation submitted as well as current evidence-based guidelines. The injured worker does not present with any ongoing severe anxiety complaints or evidence of severe muscle spasms on physical examination that would reasonably require the use of a benzodiazepine. Furthermore, guidelines do not recommend long-term use of benzodiazepines due to the risk factors for dependence and abuse. The amount of benzodiazepines being requested would be considered excessive and outside of guideline recommendations. Therefore, this request is not found to be medically necessary.

