

Case Number:	CM14-0064350		
Date Assigned:	07/11/2014	Date of Injury:	03/20/1996
Decision Date:	09/10/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/07/2014

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 74 year-old male with date of injury 03/20/1996. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 04/28/2014, lists subjective complaints as pain in the low back with radicular symptoms to the lower extremities bilaterally. Objective findings: Examination of the lumbar spine revealed tenderness to palpation in the paravertebral area L4-S1 levels and bilaterally in the buttock. The range of motion of the lumbar spine was moderately to severely limited and pain was significantly increased with flexion and extension. Examination of the lower extremities was notable for tenderness of the knees bilaterally. Diagnosis: 1. Lumbar radiculopathy 2. Medication related dyspepsia 3. Bilateral total knee arthroplasty (TKA). The medical records provided for review were insufficient in determining whether the patient has taken the following medication before the request for authorization dated 04/28/2014. Medications: Temazepam 30mg, #30 SIG: take 1 at night as needed for insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 30 mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications Page(s): 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter of Weaning of Benzodiazepines.

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

Decision rationale: The previous utilization review physician authorized a quantity of temazepam sufficient for weaning. The Official Disability Guidelines do not recommended benzodiazepines such as; restoril for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. It is referenced in most guidelines, to limit the use to 4 weeks.