

Case Number:	CM14-0081386		
Date Assigned:	07/18/2014	Date of Injury:	02/22/2010
Decision Date:	09/18/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	06/02/2014

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 Anesthesia, has a subspecialty in Acupuncture & Pain 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:

46 year old male injured worker with a date of injury of 2/22/10 with related low back pain and occasional left leg pain. Per 7/8/13 progress report, he rated his pain 9/10 on a constant basis. Per physical exam, limited ROM (range of motion), normal leg strength, intact sensation, normal DTRs (deep tendon reflexes), and positive straight leg raise on the left with radicular symptoms were noted. CT myelogram found stable L5-S1 fusion, moderate right foraminal and moderately severe left foraminal narrowing at L5-S1 due to bone spurring and facet hypertrophy; mild DDD (degenerative disc disease) at L4-L5. He has been treated with surgery, TENS (transcutaneous electrical nerve stimulation) unit, physical therapy, and medication management. The date of UR decision was 5/2/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 15mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

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

Decision rationale: Regarding benzodiazepines, MTUS CPMTG states: "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant." Per 4/14/14 progress report, it is noted that the injured worker reported difficulty sleeping and muscle spasms in his lower back, however, per 5/5/14 progress report, restful, nocturnal sleep pattern was noted. The documentation submitted for review do not contain information regarding sleep onset, sleep maintenance, sleep quality and next-day functioning. It was not noted whether simple sleep hygiene methods were tried and failed. The request is not medically necessary.