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| Case Number: | CM14-0087903 | | |
| Date Assigned: | 07/23/2014 | Date of Injury: | 12/09/2012 |
| Decision Date: | 09/19/2014 | UR Denial Date: | 05/07/2014 |
| Priority: | Standard | Application Received: | 06/11/2014 |

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 & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 58-year-old female who reported an injury on 12/09/2012, due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to her right shoulder. The injured worker ultimately underwent surgical intervention, followed by postoperative physical therapy for the right shoulder. The injured worker also developed compensatory pain of the left shoulder. The injured worker was evaluated on 05/07/2014. It was noted that the injured worker had significant right shoulder pain and persistent left shoulder pain. Physical findings included decreased range of motion of the right shoulder, with 4/5 muscle strength on flexion and abduction, and palpable tenderness and swelling about the posterior of the right shoulder. The injured worker's diagnoses included impingement syndrome of the right shoulder, status post operative right shoulder arthroscopic repair, subacromial decompression, and compensatory left shoulder pain complaints. The injured worker's treatment plan included possible further surgical intervention. A request was made for strazepam. However, no justification for the request was provided. The clinical documentation did not include a Request for Authorization form to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Strazepam (Sentra PM and Temazepam): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, Weaning of Medications Page(s): 24, 124. Decision based on Non-MTUS

Citation Official Disability Guidelines: Pain chapter, updated 4/10/14, Weaning of Benzodiazepines; ODG Insomnia treatment, Pain chapter, updated 4/10/14; and ODG Sentra PM, Medical Foods.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Medical Food.

Decision rationale: The requested decision for strazepam (Sentra PM and temazepam) is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not recommend the long-term use of benzodiazepines in the management of chronic pain. A medication history was not provided for the patient. There was no way to determine past benzodiazepine use. Additionally, as there was no dosage or frequency provided for this medication, the appropriateness of the request itself cannot be determined. Furthermore, Official Disability Guidelines do not recommend the use of medical food, as it is not FDA-approved. Medical food is only recommended for documented nutritional deficits. The clinical documentation does not provide any evidence of nutritional deficits that would benefit from medical food. As such, the requested strazepam (Sentra PM and temazepam) is not medically necessary or appropriate.