

Case Number:	CM13-0009700		
Date Assigned:	06/06/2014	Date of Injury:	04/30/1997
Decision Date:	03/05/2015	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/12/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 74-year-old female who suffered a work related injury on 04/30/1997. Diagnoses include somatoform disorder, cervical discopathy C6-C7, status post posterior lumbar Interbody fusion, fibromyalgia, possible plantar fasciitis, possible calcaneal spur and bilateral knee osteoarthritis. On 06/29/2013, the injured worker underwent right knee arthroscopy with partial meniscectomy and chondral debridement. A physician note dated 07/12/2013 documents the injured worker complains of right knee pain status post arthroscopy. She is doing well and states she continues to improve. Range of motion is full, and there is no erythema or drainage from the right knee. The request is for Temazepam 30mg, #30. The rationale for the request is not documented. Utilization Review dated 07/29/2013 non-certified the request for Temazepam 30mg, # 30 citing California Medical Treatment Utilization Schedule (MTUS)-Knee Complaints-Chronic pain Medical Treatment Guidelines-Benzodiazepines. Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use of 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 30mg #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: The available records show the patient has been taking Temazepam, a benzodiazepine, for over 4 months. MTUS Chronic Pain Medical Treatment Guidelines page 24 for Benzodiazepines 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. The continued use of benzodiazepines such as Temazepam, for over 4-weeks is not in accordance with MTUS guidelines. The request for Temazepam 30mg #30 is not medically necessary.