

Case Number:	CM13-0028726		
Date Assigned:	11/27/2013	Date of Injury:	09/03/1997
Decision Date:	02/10/2015	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	09/25/2013

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. The expert reviewer is Board Certified in Emergency 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:

Patient with reported date of injury on 9/3/1997. No mechanism of injury was documented. Patient has a diagnosis of chronic pain syndrome, idiopathic insomnia, rotator cuff syndrome, neck sprain, lumbosacral sprain and chronic pain syndrome. Patient is post cauda equine syndrome post laminectomy. Medical reports reviewed. Last report available until 10/9/13. Patient complains of low back, neck and R shoulder pain. Objective exam reveals reduced range of motion in neck and low back and R shoulder. Reduced sensation and strength 4/5 to bilateral C6 and L5 roots. Tenderness to neck and low back paraspinals. Medications include Lenza gel, Norco and HCTZ. Also is on Valium and Restoril for unknown reason. Was previously on Oxycontin. Urine drug screen dated 6/3/13 and 10/9/13 was positive for temazepam and Norco. It was also positive for amphetamines. Independent Medical Review is for Temazepam 30mg #90 and Diazepam 10mg #90. Prior Utilization Review on 9/10/13 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 30mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Benzodiazepines

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

Decision rationale: Restoril or Temazepam is a benzodiazepine. Patient is also on Diazepam, another benzodiazepine for unknown reason. As per MTUS Chronic pain guidelines is not recommended for long term use. There is strong risk of dependence and tolerance develops rapidly. It is unclear if Temazepam is being used for pain or insomnia. The poor documentation does not support continued use. Temazepam is not medically necessary.

Diazepam 10mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: Valium or Diazepam is a benzodiazepine. Patient is also on Temazepam, another benzodiazepine for unknown reason. As per MTUS Chronic pain guidelines is not recommended for long term use. There is strong risk of dependence and tolerance develops rapidly. It is unclear if Valium is being used for pain or insomnia. The poor documentation does not support continued use. Diazepam is not medically necessary.