

Case Number:	CM14-0187220		
Date Assigned:	11/17/2014	Date of Injury:	12/16/2009
Decision Date:	01/05/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/10/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 52 year old employee with date of injury of 12/16/2009. Medical records indicate the patient is undergoing treatment for lumbosacral musculoiligamentous sprain/strain; lumbosacral spine DDD per 3/12 MRI; right shoulder sprain/strain, impingement syndrome and tendinopathy; right rotator cuff tear; situational depression and anxiety; sleep disturbance secondary to pain; gastritis and hypertension. Subjective complaints include pain in the right shoulder and arm. He has low back pain that radiates over the bilateral L4 and L5 dermatomes. He rates his pain as 7-8/10. Objective findings include grade 2 tenderness and 2 palpable spasm over the lumbar paraspinal muscles. He has restricted range of motion (ROM) over the lumbar spine. His shoulder has grade 2 tenderness to palpation as well as restricted ROM. Impingement and supraspinatus tests were positive. The patient has grade 2 tenderness to palpation over the right arm. Treatment has consisted of PT, Soma, Lisinopril, Hydrocodone, Temazepam and Carisoprodol. The utilization review determination was rendered on 10/28/2014 recommending non-certification of Temazepam 15mg #30.

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.

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

Decision rationale: MTUS states that benzodiazepine (i.e. Temazepam) is "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. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." Medical records indicate that the patient has been on Temazepam since at least December 2013, far exceeding MTUS recommendations. The medical record does not provide any extenuating circumstances to recommend exceeding the guideline recommendations. Additionally, no documentation as to if a trial of antidepressants was initiated and the outcome of this trial. As such, the request for 1 Prescription for Temazepam 15mg #30 is not medically necessary.