

Case Number:	CM14-0205692		
Date Assigned:	12/17/2014	Date of Injury:	05/27/2009
Decision Date:	02/12/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/09/2014

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 Occupational 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 is a 54 year-old female with date of injury 05/27/2009. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/19/2014, lists subjective complaints as pain in the right knee and low back. PR-2 supplied for review was handwritten and illegible. Objective findings: Examination of the right knee revealed tenderness to palpation about the patellar region. Knee was positive for crepitus. Range of motion was 120 degrees for flexion and 0 degrees for extension. Examination of the lumbar spine revealed tenderness to palpation of the paraspinal muscles and decreased range of motion in all planes. Straight leg raise was positive. Diagnosis: 1. Lumbar spine strain/sprain 2. Right knee, oblique tear, medial meniscus 3. Right knee, internal derangement. The medical reports supplied for review document that the patient has been taking the following medication for at least as far back as four months. Medication: 1. Temazepam (Restoril) 30mg, #30 SIG: 1-2 tabs before bed 2. Temazepam (Restoril) 30mg, #45 SIG: 1-2 tabs before bed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam (Restoril) 30mg quantity 30; dispensed on 07/08/10, 08/10/10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Benzodiazepines

Decision rationale: The Official Disability Guidelines do not recommended benzodiazepines such as Restoril for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. The patient has been taking the medication for at least 4 months. Temazepam (Restoril) 30mg quantity 30; dispensed on 07/08/10, 08/10/10 is not medically necessary.

Temazepam (Restoril) 30mg quantity 45; dispensed on 09/09/10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Benzodiazepines

Decision rationale: The Official Disability Guidelines do not recommended benzodiazepines such as Restoril for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. The patient has been taking the medication for at least 4 months. Temazepam (Restoril) 30mg quantity 45; dispensed on 09/09/10 is not medically necessary.