

Case Number:	CM14-0207543		
Date Assigned:	12/19/2014	Date of Injury:	08/30/1990
Decision Date:	02/17/2015	UR Denial Date:	11/28/2014
Priority:	Standard	Application Received:	12/11/2014

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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 30, 1990. Thus far, the applicant has been treated with the following: Analgesic medications; earlier lumbar spine surgery; angiolytic medications; unspecified amounts of physical therapy; total knee replacement surgery; and subsequent lumbar fusion surgery in 2013. In a Utilization Review Report dated November 20, 2014, the claims administrator partially approved a request for temazepam while denying a request for two trigger point injections under ultrasound guidance. The applicant had had lumbar fusion surgery some three months prior, it was acknowledged. The claims administrator referenced a November 21, 2014 progress note in its determination. The applicant's attorney subsequently appealed. On July 23, 2014, the applicant underwent a lumbar fusion exploration level with revision laminotomies and fusion procedures at the L3 through S1 levels. In an October 29, 2014 progress note, the applicant reported ongoing complaints of low back and hip pain. The applicant was given refills of Norco, Soma, Requip, Restoril, Lidoderm, temazepam, and Nexium. It was suggested that the applicant was using both Restoril and temazepam on a nightly basis. The applicant's work status was not clearly stated on this occasion, although it did not appear that the applicant was working. On July 9, 2013, the applicant reported ongoing complaints of low back pain. The applicant was using Norco and Halcion as of this point in time. The applicant was placed off of work, on total temporary disability. On July 21, 2014, the applicant was again given refills of Norco, Restoril, Nexium, Requip, Soma, and Lidoderm status post earlier failed lumbar spine surgery. Persistent complaints of low back pain radiating to the legs were reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Temazepam 30mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine.

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

Decision rationale: As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines such as temazepam are not recommended for long-term use purposes, with most guidelines limiting the usage of benzodiazepines to four weeks, whether used for anxiolytic effect, muscle-relaxant effect, sedative effect, hypnotic effect, etc. In this case, it is incidentally noted that the attending provider did not clearly state for what purpose temazepam was being employed. Moreover, the applicant had seemingly used temazepam for a minimum of several months, in conjunction with other benzodiazepine anxiolytics, including brand-name Restoril and Halcion. No rationale for provision of so many different anxiolytic agents was furnished by the attending provider. Therefore, the request was not medically necessary.

2 Trigger Point Injections Under Ultrasound: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections topic Page(s): 122.

Decision rationale: As noted on page 122 of the MTUS Chronic Pain Medical Treatment Guidelines, trigger point injections are not recommended in the treatment of radicular pain, as was/is present here. The applicant's primary issue here is residual lumbar radiculopathy following multiple prior lumbar spine surgeries, i.e., a condition for which trigger point injection therapy is not recommended, per page 122 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.