

Case Number:	CM14-0208318		
Date Assigned:	12/22/2014	Date of Injury:	01/04/1997
Decision Date:	02/19/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 January 4, 1997. In a Utilization Review Report dated November 12, 2014, the claims administrator denied a request for temazepam and Restoril, invoking non-MTUS ODG Guidelines. The applicant's attorney subsequently appealed. In a February 19, 2014 progress note, the applicant reported persistent complaints of low back and bilateral shoulder pain. The applicant was using a cane. The applicant's medication list, at this point, included Norco, Lyrica, Colace, Flexeril, dietary supplements, glucosamine, Restoril, Voltaren, Elavil, and Neurontin. The applicant had undergone two lumbar spine surgeries. The applicant denied any issues with drug abuse. On May 9, 2014, the applicant received refills of Voltaren gel, Colace, Restoril, glucosamine, Flexeril, Lyrica, Norco, and various dietary supplements. The applicant's work status, once again, was not clearly detailed. On August 14, 2014, the applicant was again refills of various medications, including Restoril, Colace, glucosamine, dietary supplements, Norco, Lyrica, Flexeril, Voltaren gel, etc. Persistent complaints of low back, leg, and shoulder pain were reported. The applicant underwent a rotator cuff repair surgery on August 18, 2014. On May 21, 2014, the applicant received refills of Norco, Lyrica, Colace, Flexeril, glucosamine, Restoril, Voltaren, Elavil, and Neurontin. As with multiple other office visits, there is no explicit discussion of medication efficacy. The applicant's work and functional status were not clearly outlined.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 30mg #30, refills: 2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402, does acknowledge that anxiolytics such as temazepam may be appropriate for "brief periods," in cases of overwhelming symptoms, in this case, there was no mention of any overwhelming mental health issues which would have compelled continued usage of temazepam (Restoril), a benzodiazepine anxiolytic. Rather, it appeared that the attending provider was intent on employing two separate benzodiazepine anxiolytics, temazepam (Restoril) and Xanax, for chronic, long-term, and scheduled use purposes. Such usage, however, is incompatible with ACOEM Chapter 15, therefore, the request is not medically necessary.

Xanax 0.5mg #60, refills: 2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402, does acknowledge that anxiolytics such as Xanax may be appropriate for brief periods, in cases of overwhelming symptoms, in this case, there was no mention of any overwhelming mental health issues or panic attacks which would have compelled provision of Xanax on a short-term basis. Rather, it appeared that the attending provider was intent on employing Xanax for chronic, long-term, and/or scheduled use purposes, for anxiolytic effect. This is not an ACOEM-endorsed role for the same. The attending provider progress notes contain little-to-no discussion of medication selection and/or medication efficacy. The attending provider did not furnish any compelling rationale for concomitant provision of two separate anxiolytic medications, Xanax and Restoril (temazepam). Therefore, the request is not medically necessary.