

Case Number:	CM15-0007396		
Date Assigned:	01/23/2015	Date of Injury:	01/23/2007
Decision Date:	03/24/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/13/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 50-year-old female who reported an injury on 01/23/2007 due to losing her balance and twisting. On 11/19/2014, she presented for a followup evaluation. She described pain in the neck, upper back, mid back, and low back, as well as the right lower extremity. She also reported difficulty sleeping and increased muscle tightness due to colder weather. She rated her pain at an 8/10 to 10/10 in intensity, but found that it was reduced to a 5/10 to 8/10 with the use of her medications. Her medications included alprazolam 0.5 mg, omeprazole DR 20 mg, tizanidine HCl 4 mg, and Percocet 10/325 mg. A physical examination showed range of motion of the lumbar spine was significantly limited secondary to pain, especially with extension and rotation. There was tenderness to palpation over the lumbar paraspinal muscles and the lumbar region bilaterally. She was diagnosed with status post lumbar laminectomy, status post transforaminal lumbar interbody fusion, symptomatic hardware, right lower extremity lumbar radiculopathy, coccydynia, right degenerative joint disease, and depression. The treatment plan was for temazepam 30 mg quantity #30. The rationale for treatment was to continue to alleviate the injured worker's symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 30mg, quantity: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter, Benzodiazepines; Mental Illness & Stress

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

Decision rationale: The California MTUS Guidelines do not recommend benzodiazepines for long term use because long term efficacy is unproven, and there is a risk of dependence. Most guidelines limit use to 4 weeks. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the neck, mid back, and lumbar spine, as well as the right lower extremity. While it was noted that she reported relief with the use of her medications, there is a lack of documentation showing an objective improvement in function with the use of temazepam to support its continuation. Also, it is unclear how long the injured worker has been using this medication and without this information, continuing would not be supported as it is only recommended for short term treatment of no longer than 4 weeks. Also, the frequency of the medication was not provided within the request. Therefore, the request is not supported. As such, the request is not medically necessary.