

Case Number:	CM15-0007646		
Date Assigned:	01/26/2015	Date of Injury:	07/14/2011
Decision Date:	03/16/2015	UR Denial Date:	12/20/2014
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: Arizona, California

Certification(s)/Specialty: Family Practice

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 45 year old male, who sustained an industrial injury on 07/14/2011. He has reported chronic low back pain. The diagnoses have included lumbar degenerative disc disease, lumbar facet joint pain, sacroiliac joint pain, and lumbar disc protrusion. Treatment to date has listed medications including Norco, Temazepam, Ultram, Neurontin, and Relafen. A progress note from the treating physician, dated 12/04/2014, documented a follow-up visit with the injured worker. The injured worker reported constant low back pain which radiates to the buttocks; pain is exacerbated by prolonged sitting, prolonged standing, lifting, twisting, any activities; pain is reduced with medications. Objective findings included tenderness upon palpation of the lumbar paraspinal muscles overlying the bilateral L4-L5 and L5-S1 facet joints; lumbar spasms; lumbar range of motion restricted in all directions; and sacroiliac provocative maneuvers are positive bilaterally. The treatment plan has included urine drug screen; prescriptions for medications including Norco and Temazepam; scheduling the authorized fluoroscopically-guided diagnostic bilateral sacroiliac joint injection; and follow-up evaluation two weeks after the injection. On 12/20/2014 Utilization Review modified 1 prescription for Temazepam 30 mg, #30 to 1 prescription for Temazepam 30 mg, 12. The CA MTUS: Chronic Pain Medical Treatment Guidelines, and the ODG: Pain Chapter was cited. Utilization Review noncertified 1 Urine Drug Screen. The CA MTUS Chronic Pain Medical Treatment Guidelines, and the ODG: Pain Chapter was cited. On 01/13/2015, the injured worker submitted an application for 1 prescription for Temazepam 30 mg, #30, and for 1 Urine Drug Screen.

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 Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Benzodiazepines

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines , Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes sedation, anxiolytic, and anticonvulsant and muscle relaxant. In this case, Temazepam was prescribed for sleep difficulties. The etiology of insomnia was pain. Behavioral approaches and lifestyle changes and management of the primary cause (pain) rather than a Temazepam is the primary method to manage the claimant's insomnia. In addition, the claimant had been on the medication previously. Long-term use is not recommended. The continued use of Temazepam is not medically necessary.

1 urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Urine Drug Testing (UDT)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids and urine toxicology Page(s): 82-92.

Decision rationale: According to the California MTUS Chronic Pain Treatment Guidelines, urine toxicology screen is used to assess presence of illicit drugs or to monitor adherence to prescription medication program. There's no documentation from the provider to suggest that there was illicit drug use or noncompliance. There were no prior urine drug screen results that indicated noncompliance, substance-abuse or other inappropriate activity. All prior months notes indicated that the claimant's urine screen were unremarkable. Based on the above references and clinical history a urine toxicology screen is not medically necessary.