

Case Number:	CM15-0019799		
Date Assigned:	02/09/2015	Date of Injury:	06/11/1997
Decision Date:	04/03/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	02/02/2015

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: Orthopedic Surgery, Sports 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 injured worker is a 66-year-old male who reported an injury on 06/11/1997. The mechanism of injury was not provided. His diagnoses include bicipital tendinitis, rotator cuff tear/sprain, status post arthroscopy to the shoulder, status post transposition of cranial, rotator cuff repair, status post ligament release of the shoulder, and epicondylitis of the medial elbow. Past treatment was noted to include surgery and medications. On 11/17/2014, it was indicated the injured worker had complaints of pain to neck, shoulder, and bilateral elbows. Upon physical examination, it was noted the injured worker had decreased range of motion to the cervical spine. Medications were noted to include Norco, Tylenol No. 3, and Prilosec. The treatment plan was noted to include medications. A request for Temazepam 30 mg, quantity 30, was submitted without a rational.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), www.odg-twc.com/odgtwc/pain.htm, Benzodiazepines.

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

Decision rationale: According to the California MTUS Guidelines, benzodiazepines are not recommended to exceed 4 weeks. The clinical documentation submitted for review did not indicate how long this injured worker had been on this medication, nor was a rationale provided. Consequently, the request is not supported. Additionally, the request does not specify duration and frequency of use. As such, the request for temazepam 30 mg, quantity 30, is not medically necessary.