MAXIMUS Federal Services

Case Number:	CM15-0143247		
Date Assigned:	08/04/2015	Date of Injury:	01/03/2001
Decision Date:	08/31/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/23/2015

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, Indiana, New
York Certification(s)/Specialty: Internal 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 59 year old female, who sustained an industrial injury on 1-3-01. She has reported initial complaints of a right shoulder injury after running into a doorway. The diagnosis has included right shoulder posttraumatic arthritis. Treatment to date has included medications, activity modifications, off of work, diagnostics, right shoulder surgery, physical therapy, sling, pain pump, trigger point, cane, acupuncture, physical therapy, nerve block, Transcutaneous electrical nerve stimulation (TENS) and aquatic therapy. As per the physician progress note dated 1-28-15, the injured worker complains of continued discomfort in the right shoulder. The physical exam reveals forward flexion is 110 degrees, external rotation is 30 degrees, and internal rotation is to L5. The abduction strength is 4 out of 5. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the right shoulder. The report is not noted in the records. The current medications included Temazepam and Naprosyn. The physician requested treatment included Temazepam 30mg #30 (Rx 6/19/15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 30mg #30 (Rx 6/19/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Functional improvement Page(s): 24, 48.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Benzodiazepines.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, temazepam 30 mg #30, prescription June 19, 2015 is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. The Official Disability Guidelines do not recommend Restoril. In this case, the injured workers working diagnoses are right shoulder posttraumatic arthritis. The date of injury is January 3, 2001. Request for authorization is dated June 24, 2015. A single progress note in the medical record is dated January 28, 2015. There is no contemporaneous clinical documentation in the medical record on or about the date of June 24, 2015. Subjectively, the worker continues to have discomfort in the shoulder. Additional physical therapy was not authorized. Physical examination showed decreased range of motion. There is no documentation indicating a sleep disorder or insomnia. There is no progress note documentation with a prescription request dated June 19, 2015. Utilization review states temazepam was prescribed as far back as 2012. The ODG does not recommend temazepam. Additionally, benzodiazepines are not recommended for long-term use (longer than two weeks). Temazepam was continued in excess of three years. There are no compelling clinical facts in the medical record to support the ongoing use of temazepam. Additionally, there is no documentation demonstrating objective functional improvement. Consequently, absent contemporaneous clinical documentation, guideline recommendations for temazepam, compelling clinical facts to support the ongoing use of temazepam and documentation demonstrating objective functional improvement, temazepam 30 mg #30, prescription June 19, 2015 is not medically necessary.