

Case Number:	CM15-0145068		
Date Assigned:	08/06/2015	Date of Injury:	05/07/2004
Decision Date:	09/11/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/27/2015

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, Arizona,
Maryland Certification(s)/Specialty: Psychiatry

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 73 year old male, who sustained an industrial injury on May 7, 2004. Treatment to date has included injections, home exercise program, medications, cervical spinal fusion and diagnostic imaging. His medical history includes a Parkinson's disease. Currently, the injured worker complains of numbness in the hand and pain in the occipital region and the neck. He describes his neck pain as mild to moderate, continuous, throbbing, spasm and dull pain. He reports that his neck pain is aggravated by turning the neck to the right and left and by looking up and down. On physical examination the injured worker exhibits cervical paraspinal muscles spasm and has positive trigger points. His deep tendon reflexes are normal bilaterally and he has limited range of motion. His sensory and motor examination is within normal limits. His current medication regimen includes Celebrex, Norco, OxyContin, Skelaxin and temazepam. The diagnoses associated with the request include degenerative disc disease of the cervical spine, status post cervical fusion, sciatic and status post lumbar surgery. The treatment plan includes continuation of his current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 30mg #35: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, Weaning of medications Page(s): 24, 124.

Decision rationale: MTUS states: Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been Temazepam 30mg on an ongoing basis with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. Thus, the request for Temazepam 30mg #35 is excessive and not medically necessary.