

Case Number:	CM15-0145724		
Date Assigned:	08/06/2015	Date of Injury:	09/30/1992
Decision Date:	09/03/2015	UR Denial Date:	07/09/2015
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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 54 year old female with an industrial injury dated 09-30-1992. Her diagnoses included status post lumbosacral spine fusion, lumbar sprain, lumbosacral radiculopathy/radiculitis, lumbar 4-5 and lumbar 5-sacral 1 degenerative disc disease, status post anterior lumbar interbody fusion, total disc replacement lumbar 4-5 and hip pain. Prior treatment included medications. She presents on 06-05-2015 with low back pain associated with pins and needles sensation in the bilateral legs. She rates the pain as 6-7 out of 10. She was currently taking Flexeril and Xanax which she stated was helping. She was not attending any form of therapy and was not working. Physical exam of the lumbar spine revealed mild spasm in the paralumbar musculature with reduced range of motion. Treatment plan included injection of Toradol during the visit, Xanax, Flexeril and Ultram. The treating physician notes the injured worker was having difficulty with sleeping and requested Temazepam for sleep. The treatment request is for 30 Temazepam 10 mg with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Temazepam 10mg with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to MTUS guidelines, benzodiazepines are not recommended for long-term use for pain management because of unproven long-term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. There is no recent documentation of insomnia related to pain. The patient has been using benzodiazepines since at least April 2011. There is no clear documentation that the drug will be used for less than 4 weeks. Therefore, the prescription of Temazepam 10mg, quantity 30 with 3 refills is not medically necessary.