

Case Number:	CM15-0168782		
Date Assigned:	09/09/2015	Date of Injury:	02/26/1986
Decision Date:	10/08/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/27/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

This is a 63 year old male with a date of injury on 2-26-1986. A review of the medical records indicates that the injured worker is undergoing treatment for failed laminectomy syndrome with chronic back pain, muscle spasms and radicular symptoms right leg, irritable bowel with spastic colon and history of psychological stress factors. Medical records (5-28-2015 to 8-4-2015) indicate ongoing back pain, abdominal cramps, anxiety, insomnia and depression. He stated he occasionally used Temazepam for sleep. He rated his pain as 4 out of 10 with medication and 10 out of 10 without medication. The injured worker reported 50% reduction in pain and 50% functional improvement with his activities of daily living with his medication. The physical exam (5-28-2015 to 8-4-2015) reveals limited range of motion of the back. There was absent right Achilles reflex. Treatment has included psychotherapy and medications, including Temazepam for insomnia due to pain since at least 12-4-2014. The treating physician (8-4-2015) indicates that the urine drug screens have been appropriate. The request for authorization dated 8-7-2015 was for Norco, Paxil, Desipramine, Loperamide, Risperdal, Prevacid, Temazepam, Ranitidine and Xanax. The original Utilization Review (UR) (8-13-2015) modified a request for Temazepam 30mg #30 to Temazepam 30mg #16 for weaning purposes.

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: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: Temazepam 30mg quantity 30 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that 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. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The documentation indicates that the patient has been on Temazepam long term and much longer than the MTUS recommended 4 week period. The documentation does not indicate extenuating circumstances which would necessitate going against guideline recommendations. The request for continued Temazepam is not medically necessary.