

Case Number:	CM15-0189106		
Date Assigned:	10/01/2015	Date of Injury:	12/18/2012
Decision Date:	11/12/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	09/25/2015

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 56 year old female, who sustained an industrial injury on December 18, 2012, incurring low back injuries. She was diagnosed with lumbar degenerative disc disease and lumbar radiculopathy. On March 29, 2013 a lumbar Magnetic Resonance Imaging revealed lumbar disc bulging with nerve impingement. Treatment included eleven physical therapy visits with benefit, home exercise program, pool therapy program, pain medications, epidural steroid injection and work restrictions. In August, 2014, she received a second lumbar epidural steroid injection. She continued with low back pain and discomfort. On March 11, 2015, the injured worker underwent a lumbar laminectomy and discectomy. Currently, the injured worker complained of burning in the right side of her lower back. She rated the back pain 7 out of 10, without pain medications and 2-3 out of 10, on a pain scale from 1 to 10, with pain medications. She was noted to have gait imbalance and diminished heel to toe raising when walking. The treatment plan that was requested for authorization on September 25, 2015, included a prescription for Temazepam 15 mg, #30. On September 23, 2015, a request for a prescription for Temazepam was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 15mg #30, per 09/14/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, benzodiazepams.

Decision rationale: The medical records provided for review do not indicate a condition for long term management with tamazepam. There is no indication of anxiety state. ODG supports that tamazepam is not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. The request is not medically necessary.