

Case Number:	CM15-0193976		
Date Assigned:	10/07/2015	Date of Injury:	06/26/1996
Decision Date:	11/23/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/02/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 71 year old male, who sustained an industrial injury on 6-26-96. The injured worker was diagnosed as having low back pain with radicular symptoms and chronic neuropathic pain in the lower extremities. Treatment to date has included lumbar laminectomy and fusion at L5-S1, spinal cord stimulator placement, and medication including, MS Contin, Percocet, Neurontin, Flexeril, Cymbalta, and Temazepam. The injured worker had been taking Temazepam since at least July 2015. On 8-17-15, the treating physician noted Temazepam was prescribed for insomnia due to pain. On 8-17-15, the injured worker complained of back pain, neck pain, and bilateral shoulder pain. The treating physician requested authorization for Temazepam 30mg #30. On 9-24-15, the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 30m #30: Upheld

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

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

Decision rationale: The patient presents with back pain, neck pain, and bilateral shoulder pain. The current request is for Temazepam 30mg #30. The treating physician states, in a report dated 09/14/15, "Temazepam 30mg at h.s. for insomnia due to pain, 30." (31B) MTUS page 24 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. The medical record provided for review shows the patient has been utilizing this medication since 08/17/15. In this case, recommendation cannot be made as there is no documentation that this patient suffers from insomnia. In addition, the treating physician does not state that this medication is intended for short-term use. The current request is not medically necessary.