

<b>Case Number:</b>	CM15-0197336		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	08/24/2001
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2015

### 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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 46 year old male, who sustained an industrial-work injury on 8-24-01. He reported initial complaints of lower back, neck, and right shoulder. The injured worker was diagnosed as having cervical radiculopathy, lumbar facet and joint disease, lumbar radiculopathy, failed back syndrome, and right AC (acromioclavicular) degenerative joint disease. Treatment to date has included medication and surgery (lumbar fusion in 2002). Currently, the injured worker complains of low back pain rated 3 out of 10. Medications were reported to work well for pain and sleep. He has improved ability to perform ADL's (activities of daily living) and has expressed interest in returning to work. Medications include MS Contin, Temazepam, Carisoprodol, and Mirtazapine. Per the primary physician's progress report (PR-2) on 7-17-15, exam noted alert and oriented, tenderness over the bilateral paralumbar muscles, moves all extremities well, and no focal neurological abnormalities. Current plan of care includes medication refill. The Request for Authorization requested service to include 1 prescription of Temazepam 30 mg #30 with 2 refills and Carisoprodol 350 mg #90 with 2 refills. The Utilization Review on 9-24-15 modified the request for 1 prescription of Temazepam 30 mg #23 and denied Carisoprodol 350 mg #90 with 2 refills, per Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Temazepam 30 mg #30 with 2 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** Temazepam is a benzodiazepine medication. The guidelines do not support the use of benzodiazepines for long-term use, generally no longer than 4 weeks. In this case, the injured worker has used this medication in a chronic manner and it continues to be prescribed in a chronic manner, therefore, the request for 1 prescription of Temazepam 30 mg #30 with 2 refills is not medically necessary.

**Carisoprodol 350 mg #90 with 2 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Carisoprodol (Soma), Weaning of Medications.

**Decision rationale:** The MTUS Guidelines do not recommend the use of Soma, and specifically state that the medication is not indicated for long-term use. There are precautions with sudden discontinuation of this medication due to withdrawal symptoms in chronic users. This medication should be tapered, or side effects of withdrawal should be managed by other means. In this case, the injured worker has used this medication in a chronic nature and it continues to be prescribed in this manner, which is not supported by the guidelines. The request for Carisoprodol 350 mg #90 with 2 refills is not medically necessary.