

Case Number:	CM15-0020735		
Date Assigned:	02/10/2015	Date of Injury:	03/20/2014
Decision Date:	03/25/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/04/2015

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: 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 34 year old female, who sustained an industrial injury on March 20, 2014. The diagnoses have included cervical sprain/strain, protrusion C4-C5, C5-C6, and C6-C7 with radiculopathy, lumbar sprain/strain, and protrusion L4-L5 and L5-S1 with radiculopathy. Treatment to date has included physical therapy, activity modification, TENS, home exercise program, cold/heat/stretching, and medications. Currently, the injured worker complains of low back pain with left greater than right lower extremity symptoms, and cervical pain with left greater than right upper extremity symptoms. The Primary Treating Physician's report dated January 12, 2015, noted tenderness in the cervical and lumbar spine, with range of motion (ROM) limited with pain, positive straight leg raise bilaterally, and a decrease in the spasm of the lumboparaspinal musculature and cervical trapezius/cervical paraspinal musculature. The injured worker reported that medication enabled greater function and activity level, with a significant decrease in pain. On January 27, 2015, Utilization Review non-certified Temazepam 15mg (prescribed 12/22/2014) one by mouth daily at bedtime #30, noting there was insufficient documentation to support the use of the medication. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On February 4, 2015, the injured worker submitted an application for IMR for review of Temazepam 15mg (prescribed 12/22/2014) one by mouth daily at bedtime #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 15mg (prescribed 12/22/14) one daily at bedtime #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, page 24.

Decision rationale: Temazepam (Restoril) is a benzodiazepine hypnotic often prescribed for the treatment of anxiety/ insomnia. Per the MTUS Chronic Pain Treatment Guidelines, chronic benzodiazepines are the treatment of choice in very few conditions with tolerance to hypnotic effects developing rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. Submitted reports have not demonstrated any clinical findings or specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how use of this sedative/hypnotic has provided any functional improvement from treatment already rendered. The Temazepam 15mg (prescribed 12/22/14) one daily at bedtime #30 is not medically necessary and appropriate.