

Case Number:	CM15-0214049		
Date Assigned:	11/03/2015	Date of Injury:	03/06/1995
Decision Date:	12/15/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/30/2015

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 69 year old female, who sustained an industrial injury on 3-6-95. The injured worker was diagnosed as having cervical radiculopathy, bipolar disorder. Subjective findings (3-16-15, 6-10-15 and 7-25-15) indicated neck tenderness and bipolar disorder. The injured worker reports difficulty falling asleep and staying asleep. Objective findings (3-16-15, 6-10-15 and 7-25-15) revealed limited neck range of motion, spasm in the C4-C5, C6 paraspinous area and tenderness in the lower back. The treating physician noted that the injured worker is alert and oriented and has paranoid delusions. As of the PR2 dated 10-1-15, the injured worker reports severe neck pain that radiates down the right arm and into the left shoulder. Objective findings include limited neck range of motion, spasm in the C4-C5, C6 paraspinous area and tenderness in the lower back. Treatment to date has included a bilateral sacroiliac joint injection on 4-20-15, psychiatric treatments, Latuda, Depakote and Zoloft. The Utilization Review dated 10-15-15, non-certified the request for Temazepam 15mg #14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 15mg Qty: 14: Overturned

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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Insomnia Treatment, Mental and Stress/Insomnia Treatment.

Decision rationale: MTUS Guidelines recommend very limited use of benzodiazepines for treatment of stress and/or insomnia. The records state that a sleep aid has been used long term, but the specific name of that sleep aid is never documented in the records reviewed. There is no documentation of the prior use of Temazepam. Under these circumstances, it is concluded that this is the initial prescription for this drug and this limited amount is still within Guideline recommendations for short-term use only. If it continues to be prescribed on a longer-term basis, a re-review may be reasonable. At this point in time, Temazepam 15mg Qty: 14 is consistent with guidelines and is medically necessary.