

Case Number:	CM15-0036564		
Date Assigned:	03/05/2015	Date of Injury:	08/14/1988
Decision Date:	04/15/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	02/26/2015

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: Texas, New York, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of August 14, 1998. In a Utilization Review Report dated February 16, 2015, the claims administrator failed to approve a request for temazepam (Restoril) while apparently approving a request for Norco. The claims administrator referenced an RFA form of January 29, 2015 and associated progress note of January 27, 2015 in its determination. The applicant's attorney subsequently appealed. On said January 27, 2015 progress note, the applicant reported 7-8/10 low back pain complaints. The applicant was unable to do yard work, housework, and/or leisure activity secondary to his chronic pain complaints. The applicant was not working, it was acknowledged and was unable to maintain gainful employment, the treating provider reported. The applicant was status post earlier failed lumbar spine surgery. The attending provider suggested that the applicant was using temazepam for anxiolytic purposes. It was suggested that the request for temazepam represented a refill request for the same. On February 23, 2015, both Norco and temazepam were seemingly refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 30mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Web Edition.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 402.

Decision rationale: No, the request for temazepam (Restoril), a benzodiazepine anxiolytic, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as temazepam may be appropriate for "brief periods", in cases of overwhelming symptoms, in this case, however, it appears that the attending provider and/or applicant are intent on employing temazepam for chronic, long-term, and/or thrice daily use purposes, for anxiolytic effect. This is not an ACOEM-endorsed role for the same. No clear or compelling applicant-specific rationale was furnished which would support such usage in the face of the unfavorable ACOEM position on the same. Therefore, the request was not medically necessary.