

Case Number:	CM15-0040067		
Date Assigned:	03/10/2015	Date of Injury:	07/12/2010
Decision Date:	04/21/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/03/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 56-year-old female who sustained an industrial injury on 7/12/2010. The initial reported of injury was noted for constant and severe bilateral upper extremity pain; and constant moderate-to-severe, neck, upper and lower back pain and stiffness. The injured worker was diagnosed as having back pain with cervical, lumbar and thoracic sprain/strain; bilateral shoulder sprain/strain; nerve neuralgia (sciatica unspecified); neurogenic sleep disorder; and complex regional pain syndrome. Treatments to date have included: consultations; diagnostic urine and laboratory studies; physiotherapy; spinal manipulation therapy; work conditioning; and medication management. Her current complaints, as noted on the most current progress report (PR-2) of 10/3/2014, are hand written and illegible, otherwise a typed PR-2, not dated, notes complaints of pain everywhere, relieved with transdermal medications; and lots of frustrations and difficulty sleeping because of pain. No treatment plans were noted for either PR-2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 15mg #60, 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Benzodiazepines Page(s): 24.

Decision rationale: Temazepam 15mg #60, 3 refills is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The documentation does not indicate extenuating circumstances, which would necessitate going against guideline recommendations and using this medication for longer than 4 weeks. The request for Temazepam 15mg #60, 3 refills is not medically necessary.