

Case Number:	CM15-0042928		
Date Assigned:	03/13/2015	Date of Injury:	10/18/1982
Decision Date:	04/16/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/06/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 60 year old male, who sustained a work/ industrial injury on 10/18/82. He has reported initial symptoms of back pain that radiated down legs. The injured worker was diagnosed as having lumbar radiculopathy and intervertebral disc disorder. Treatments to date include medications and physical therapy. Currently, the injured worker complains of chronic lumbar spine pain with radiation to the lower extremities. The treating physician's report (PR-2) from 1/20/15 indicated the injured worker had difficulty standing up from the examining chair. Spasm and tenderness was observed in the paravertebral muscles of the lumbar spine with decreased range of motion on flexion and extension. Decreased sensation with pain is noted in L4, L5, and S1 dermatomal distribution bilaterally. The injured worker refrains from lumbar spine surgery. Medications included Percocet, Temazepam, Gabapentin, and Kadian. Treatment plan included refill of current medications including Temazepam 15 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 15 mg #60 (Express Scripts): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG), pain (chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Up-to-date: Treatment of Insomnia.

Decision rationale: Per the guidelines, 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. Chronic Benzodiazepines are the treatment of choice in very few conditions. Temazepam is a Benzodiazepines used for insomnia. In patients with insomnia should receive therapy for any medical condition, psychiatric illness, substance abuse, or sleep disorder that may cause the problem and be counseled regarding sleep hygiene. After this, cognitive behavioral therapy would be used prior to medications. In this injured worker, the sleep pattern, hygiene or level of insomnia is not addressed. The documentation does not support the medical necessity. The MD visits do not document any significant improvement in pain, sleep or functional status or a discussion of side effects to justify use. The medical necessity of Temazepam has not been established.