

Case Number:	CM15-0047878		
Date Assigned:	03/19/2015	Date of Injury:	02/15/2008
Decision Date:	04/24/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/13/2015

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: Internal Medicine, Rheumatology

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 61 year old male who sustained a work related injury on February 15, 2008, incurring low back injuries. He was diagnosed with lumbosacral disc degeneration with spinal stenosis. Imaging included a Magnetic Resonance Imaging (MRI) of the lumbar spine. Treatment included opiates, epidural steroid injections, acupuncture sessions and chiropractic manipulation and physical therapy. Currently, in February, 2015, the injured worker complained of ongoing low back pain. He was treated with neuropathy medications, and pain medications. The treatment plan that was requested for authorization included a prescription for Temazepam with five refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam cap 30mg QTY: 30 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

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

Decision rationale: This 61 year old male patient has complained of low back pain since date of injury 2/15/08. He has been treated with acupuncture, chiropractic therapy, epidural steroid injections and medications. The current request is for Temazepam 30mg #30 with 5 refills. Per the MTUS guideline cited above, benzodiazepines are not recommended for long term use (no longer than 4 weeks) due to unproven efficacy and significant potential for dependence. On the basis of the MTUS guideline cited above, Temazepam is not medically necessary in this patient.