

Case Number:	CM15-0053875		
Date Assigned:	03/27/2015	Date of Injury:	10/05/2013
Decision Date:	05/05/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/20/2015

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: Internal 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:

This is a 50 year old injured worker, who sustained an industrial injury on 10/05/2013. Diagnoses include 3mm protrusion L4-5 with radiculopathy and L4-5 annular tear. Treatment to date has included chiropractic, physical therapy, epidural injections, medications and diagnostics. Per the Primary Treating Physician's Progress Report dated 2/25/2015, the injured worker reported low back pain with left greater than right lower extremity symptoms. Physical examination revealed tenderness of the lumbar spine. Lumbar range of motion was limited. Straight leg raise was positive. The plan of care included additional physical therapy and medications and authorization was requested for Temazepam 15mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 15mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Restoril (Temazepam), Benzodiazepines.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 24) states 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. ODG guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. ODG guidelines states that Restoril (Temazepam) is not recommended. The primary treating physician's progress report dated 2/25/15 did not document a sleep disorder. There were no subjective complaints of insomnia. Temazepam was not discussed in the 2/25/15 progress report. The long-term use of benzodiazepines is not supported by MTUS guidelines. ODG guidelines indicates that Temazepam (Restoril) is not recommended. Therefore, the request for Temazepam is not medically necessary.