

Case Number:	CM15-0081205		
Date Assigned:	05/01/2015	Date of Injury:	09/05/1995
Decision Date:	06/02/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/28/2015

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: Emergency 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 62-year-old male, who sustained an industrial injury on 9/5/95. He reported initial complaints of back, neck and right shoulder. The injured worker was diagnosed as having lumbar spondylosis without myelopathy; lumbar degenerative disc disease; lumbar spinal stenosis; lumbago; cervical spondylosis without myelopathy; cervical herniated disc; cervical spinal stenosis; cervical degenerative disc disease; cervicgia. Treatment to date has included acupuncture; chiropractic therapy; physical therapy; medications. Diagnostics included ECG/NCV bilateral lower extremities (7/17/14); CT scan lumbar spine (12/1/14); MRI lumbar spine (10/18/13). Currently, the PR-2 notes dated 2/11/15 indicated the injured worker presents for a follow-up with ongoing low back pain. Since last visit, the injured worker states his symptoms have worsened. He reports having more problems with sitting and states it is difficult for him to sit straight. He states his legs continue to give out on him, which caused a fall. He is using an electric wheelchair around the house on a daily basis. He has not worked since 7/10/2009. Currently he is taking Norco 10/325mg 6-7 per day for pain and Temazepam 2 per night for sleep, Flexeril 7.5mg 2 per day for neck spasms. He indicates the medications help with 80% of his pain. The provider documents the injured worker has had 12 sessions of acupuncture for the neck (2010 and 2011); 8 sessions of chiropractic therapy in 2013; 24 sessions of physical therapy (1997-1999); transforaminal bilateral epidural steroid injections to spine levels L3-L4 (6/25/14) with 30% benefit; status post lumbar L4-S1 fusions 10/22/2005 (prior L4-L5 fusion 2/9/1999 and L5-S1 fusion 7/3/1996); status post right shoulder ASAD with DCR (7/2009). The provider has requested authorization for removal of hardware at L4-S1

as possible TLIF and lumbar fusion at L3-4. The provider has also requested Temazepam 15mg #60 but was denied at Utilization Review indicating the injured worker has been taking Temazepam since 10/3/12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 15mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Pain (Chronic), Insomnia Treatment).

Decision rationale: As per MTUS Chronic Pain Guidelines, benzodiazepines are only recommended for short-term use due to high tolerance and side effects. Official disability Guidelines recommend treating underlying causes of insomnia and not rely on benzodiazepines due to rapid tolerance and side effects. The request for Temazepam is not medically necessary.