

<b>Case Number:</b>	CM15-0084142		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	06/16/2001
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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: Family Practice

### 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 52 year old female, who sustained an industrial injury on 6/16/01. The injured worker has complaints of back pain radiating from low back down both legs and lower backache. The diagnoses have included low back pain and reflex sympathetic dystrophy of the lower limb. Treatment to date has included thermacare heatwrap; capsaicin; duragesic patch; Lexapro; restoril; oxycodone and Iyrica; lumbar spine X-ray; lumbar medial branch; magnetic resonance imaging (MRI) of the right knee and right knee arthroscopy. The request was for thermacare heatwrap #60 3 refills and restoril 15 mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Thermacare heatwrap #60 3 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 13 Knee Complaints Page(s): 300. 338.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

**Decision rationale:** According to ODG, heat therapy is recommended as an option. ODG specifically addresses ThermaCare and notes it to be effective for treating low back pain. The guidelines state that heat therapy has been found to be helpful for pain reduction and return to normal function. The injured worker's diagnoses includes low back pain. The request for Thermacare heatwrap #60 3 refills is medically necessary and appropriate.

**Restoril 15 mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. According to ODG, Temazepam is not recommended. ODG notes that adults who use hypnotics, including benzodiazepines such as temazepam, have a greater than 3-fold increased risk for early death, according to results of a large matched cohort survival analysis. Temazepam is not supported per evidence based guidelines, and the request for Restoril 15 mg #30 is not medically necessary and appropriate.