

Case Number:	CM15-0238889		
Date Assigned:	12/15/2015	Date of Injury:	02/22/2004
Decision Date:	01/21/2016	UR Denial Date:	11/04/2015
Priority:	Standard	Application Received:	12/07/2015

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: Physical Medicine & Rehabilitation

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 51 year old female, who sustained an industrial injury on 02-22-2004. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for neck pain, depressive disorder, traumatic injury to the right shoulder, traumatic injury to the knee, and chronic pain syndrome. Medical records (04-24-2015 to 10-26-2015) indicate ongoing neck, right shoulder, right thoracic pain, and knee pain. Pain levels were 5-6 out of 10 on a visual analog scale (VAS) for the neck and shoulder, 4-6 out of 10 for the thoracic, and 3 out of 10 for the knee. Additional complaints included restless sleep and sleep disturbance. Records also indicate no changes in activity levels or level of functioning. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 10-26-2015, revealed restricted range of motion in both shoulders, positive brachial stretch on the right, and a PHQ-9 score of 15 out of 30 indicating moderate depression. Relevant treatments have included: multiple right shoulder surgeries (including multiple arthroplasty surgeries), left knee arthroplasty, physical therapy (PT), work restrictions, and medications (temazepam for several months). The request for authorization (10-26-2015) shows that the following medication and equipment was requested: temazepam 30mg #30 and a body buoy flexible scapulospinal orthosis. The original utilization review (11-04-2015) partially approved the request for temazepam 30mg #30 (modified to #15), and non-certified the request for a body buoy flexible scapulospinal orthosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 30mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: The current request is for Temazepam 30mg #30. Treatment history includes multiple right shoulder surgeries (including multiple arthroplasty surgeries), left knee arthroplasty, physical therapy (PT), work restrictions, and medications. The patient is working part-time. MTUS Guidelines page 24 states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." Most guidelines limit use to 4 weeks. Per report 10/26/15, the patient presents with ongoing neck, right shoulder, right thoracic pain, and knee pain. Additional complaints included restless sleep and sleep disturbance. The physical exam revealed restricted range of motion in both shoulders, positive brachial stretch on the right, and a PHQ-9 score of 15 out of 30 indicating moderate depression. This is a request for a refill of Temazepam 30mg #30, which the treater states that the patient takes at bedtime as needed and rarely. It is unclear when this medication was initiated. The treater is requesting a refill, and has indicated that she uses Temazepam at night on an as needed basis. MTUS Guidelines only recommend short-term use (no more than 4 weeks) for benzodiazepines. The request for a refill indicates long-term use. Therefore, the request is not medically necessary.

Body buoy flexible scapulo-spinal orthosis Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Lumbar supports.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, under Lumbar supports.

Decision rationale: The current request is for Body buoy flexible scapulo-spinal orthosis Qty: 1.00. Treatment history includes multiple right shoulder surgeries (including multiple arthroplasty surgeries), left knee arthroplasty, physical therapy (PT), work restrictions, and medications. The patient is working part-time. The ACOEM, MTUS and ODG Guidelines do not specially discuss body buoy flexible scapulo-spinal orthosis. ACOEM Guidelines page 301 on lumbar bracing states, "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of the symptom relief." ODG Guidelines under its low back chapter, lumbar supports states, "Prevention: not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain." Under

treatment, ODG further states, "recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and treatment for nonspecific LBP (very low quality evidence, but may be a conservative option)." Per report 10/26/15, the patient presents with ongoing neck, right shoulder, right thoracic pain, and knee pain. Additional complaints included restless sleep and sleep disturbance. The physical exam revealed restricted range of motion in both shoulders, positive brachial stretch on the right, and a PHQ-9 score of 15 out of 30 indicating moderate depression. The request is for a body buoy flexible scapulothoracic orthosis. The patient does not present with fracture, spondylolisthesis, or documented instability to warrant lumbar bracing. For nonspecific low back pain, there is very low quality evidence. Therefore, the request is not medically necessary.