

Case Number:	CM14-0146233		
Date Assigned:	09/12/2014	Date of Injury:	09/30/2002
Decision Date:	10/27/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/09/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 male patient with a date of injury of September 30, 2002. A utilization review determination dated August 20, 2014 recommends non-certification of temazepam 15 mg. A progress note dated December 11, 2012 identifies subjective complaints of right-sided neck pain, back pain, and right shoulder pain. The patient reports increased pain due to not having had approval from work comp to refill his pain medications. The patient states he has resorted to drinking more beer to help with his sleep and mask the pain. Current medications include fluoxetine 40 mg once daily. Physical examination identifies decreased right shoulder abduction with pain, and tenderness of the right sided cervical and lumbar spine. Diagnoses include anxiety, cervical disc degeneration, low back pain, and right shoulder joint pain. The treatment plan recommends oxycodone-acetaminophen 10/325 mg two tablets every 6 to 8 hours with 10 refills #200, the patient was advised to cut back on alcohol consumption, and the patients to have a return visit in six months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam capsules, 15mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009, Chronic pain; regarding Temazepam; Benzodiazepines P.

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

Decision rationale: Regarding the request for temazepam 15mg, Chronic Pain Medical Treatment Guidelines state the 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... Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant." Within the documentation available for review, there is no documentation identifying any objective functional improvement as a result of the use of the medication and no rationale provided for long-term use of the medication despite the CA MTUS recommendation against long-term use. Benzodiazepines should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested temazepam 15mg is not medically necessary.