

Case Number:	CM14-0094546		
Date Assigned:	07/25/2014	Date of Injury:	09/27/2007
Decision Date:	09/18/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/20/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

The patient is a 34-year-old female who has submitted a claim for degenerative lumbar intervertebral disc, degenerative cervical intervertebral disc, associated with an industrial injury date of September 27, 2007. Medical records from 2014 were reviewed. The latest progress report, dated 04/03/2014, showed right sided neck pain. The pain was described as sharp, aching with tightness. There was bilateral low back pain radiating to bilateral gluteus, posterior thigh, and right dorsum of foot. There was numbness in the right lower extremity with tingling sensations. Physical examination revealed normal gait and restricted range of motion of the lumbar spine. Straight leg raising test was positive on both sides. There were no spasms, trigger points or tenderness noted. The range of motion of the cervical spine was normal. Neurological exam showed diminished light touch sensation in the right L5 dermatomal distribution. The patient was diagnosed with bipolar disorder in April 2011 and complained of difficulty with sleeping. Treatment to date has included epidural steroid injection and medications such as Temazepam which was prescribed May 2014 to replace Ambien. Utilization review from 05/30/2014 denied the request for the purchase of Temazepam 30mg capsules #30 because there were no clinical records submitted for review. The only documentation provided was a screenshot of the medication alert for the requested Temazepam.

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 Treatment Guidelines Temazepam - Benzodiazepines.

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

Decision rationale: According to page 24 of the MTUS Chronic Pain Guidelines, Temazepam, a benzodiazepine, is 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. Also the ODG, Pain Chapter, stated that these drugs act synergistically with other drugs such as opioids and mixed overdoses, which are often a cause of fatalities. The risks associated with hypnotics outweigh its benefits. In this case, the patient complained of insomnia with intake of Ambien, but was replaced with Temazepam in May 2014. However, there was no documentation of the functional benefits derived from its use. The medical necessity was not established. Therefore, the request for Temazepam 30mg #30 is not medically necessary.