

Case Number:	CM14-0056678		
Date Assigned:	09/03/2014	Date of Injury:	06/03/2005
Decision Date:	03/12/2015	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/28/2014

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. 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: Orthopedic Surgery

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 56 year old male with a reported industrial injury on June 3, 2006, the mechanism of the injury was not provided in the available medical records. The injured worker was seen on January 29, 2014, for follow-up visit with primary treating physician, orthopedic spine surgeon. The presenting complaints included daily and constant ongoing low back pain which radiates down his left leg. The physical exam of the lumbar spine and lower extremities revealed walks with an antalgic gait pattern favoring the left lower extremity, utilizes a cane, well healed midline lumbar spine incision, decreased sensory over the right L4, L5 and S1 dermatome, decreased range of motion, absent reflexes to the right ankle and decreased in the left ankle. The medical treatment is Celebrex, Prilosec, Xanax, Norco and Restoril. Diagnoses are ongoing right greater than left leg radiculopathy, status post previous L4-S1 anterior and posterior fusion on November 6, 2008, Sacroiliac joint dysfunction, status post bilateral L5-S1 laminotomy with evaluation of his fusion mass, testicular dysfunction, status post September 27, 2012, right L5-S1 laminotomy, mesial facetectomy and foraminotomy and right L5-S1 osteotomy, fusion mass overgrowth to perform L5-S1 laminotomy. The treatment plan is Norco, Celebrex, Temazepam, Alprazolam and Prilosec, continue treating conservatively and undergo random urine toxicology screening. On April 4, 2014, the provider requested Temazepam 30 mg with a 30 day supply, on April 8, 2014, the Utilization Review non-certified the request, the decision was based on lack of information.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 30 mg Qty: 30 day supply 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 12th Edition (web), 2014, Pain - Insomnia treatment

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, page 24, regarding benzodiazepines, "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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. 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. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." In this case the exam note from 1/29/14 does not demonstrate a quantitative assessment of improvement in functional activity while on the medication. In addition there is no mention of prior response to this medication, increase in activity of a urine toxicology report demonstrating compliance. Therefore the request for Temazepam is not medically necessary and is not certified.