

Case Number:	CM15-0145436		
Date Assigned:	09/10/2015	Date of Injury:	08/19/2004
Decision Date:	10/13/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/27/2015

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: Utah, Arkansas
 Certification(s)/Specialty: Family Practice, Sports Medicine

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 58 year old female, who sustained an industrial injury on 8-19-04. The injured worker was diagnosed as having cervical discogenic disease with radiculopathy status post cervical fusion at C4-7, lumbar discogenic disease with radiculopathy, chronic low back pain intractable, headaches, and bilateral carpal tunnel syndrome. Treatment to date has included trigger point injections to the lumbar spine, acupuncture, physical therapy, and medication. On 7-13-15 the treating physician noted the injured worker was taking Omeprazole to treat gastrointestinal issues secondary to other medications prescribed. The injured worker had been taking Temazepam and Omeprazole since at least July 2015. The treating physician noted that with medications pain decreases by approximately 50% and the injured worker was able to sleep, walk, sit, and stand. Currently, the injured worker complains of insomnia. On 7-13-15 the treating physician requested authorization for Temazepam 30mg #30 and Omeprazole 20mg #60. On 7-21-15 Temazepam was non-certified; the utilization review physician noted "clarification is needed as to when Temazepam was first prescribed and in addition to the detailed clinical benefit this patient has derived from the use of this medication is not documented in the submitted records." Regarding Omeprazole the request was non-certified; the utilization review physician noted "there is no evidence in the submitted records that the patient is at risk for gastrointestinal events warranting treatment with a proton pump inhibitor."

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 Neck and Upper Back Complaints 2004, and Forearm, Wrist, and Hand Complaints 2004, and Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Temazepam, Benzodiazepines; Mental Illness and Stress, Insomnia Treatment.

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

Decision rationale: MTUS, Chronic Pain Medical Treatment Guideline were reviewed in regards to this specific case, and the clinical documents were reviewed. According to the MTUS guidelines, "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. 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. According to the clinical documents, the Temazepam requested is not being used for short term therapy. It was previously unclear how long this medications has been used. A taper off of this medication was recommended and approved. According to the clinical documentation provided and current MTUS guidelines; the Temazepam, as noted above, is not indicated a medical necessity to the patient at this time.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Proton pump inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Omeprazole. According to the clinical documents, there is no documentation that the patient has a history of reflux or gastrointestinal symptoms that would warrant the usage of this medication. The use of Omeprazole, as stated in the above request, is determined not to be a medical necessity at this time.