

Case Number:	CM15-0175779		
Date Assigned:	09/17/2015	Date of Injury:	07/21/2011
Decision Date:	10/23/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/08/2015

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:

This is a 42 year old male with a date of injury on 7-21-2011. A review of the medical records indicates that the injured worker is undergoing treatment for chronic pain syndrome, neck pain, cervical radiculopathy, spinal enthesopathy, muscle spasms, insomnia and depressive disorder. Medical records (6-24-2015 to 7-22-2015) indicate ongoing cervical and thoracic pain. The injured worker complained of pain radiating from the neck to the shoulder. He rated his pain as 5-6 with medication and 7-8 without medication. Per the treating physician (6-24-2015), the employee was temporarily totally disabled. The physical exam (7-22-2015) revealed cervical spine tenderness and positive cervical facet loading maneuvers. Treatment has included physical therapy, transcutaneous electrical nerve stimulation (TENS), and medications. Per the progress report dated 7-22-2015, Trazodone was discontinued due to ineffectiveness; Temazepam was added. The request for authorization dated 7-29-2015 was for Cymbalta, Norco, Gabapentin and Temazepam. The original Utilization Review (UR) (8-11-2015) modified a request for Temazepam 15mg quantity 60 to quantity 45. Utilization Review approved requests for Cymbalta, Norco and Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 15mg qty 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The patient was injured on 07/21/11 and presents with thoracic spine pain and cervical spine pain which radiates to the shoulders. The request is for Temazepam 15 mg Qty 60.00. The RFA is dated 07/29/15 and the patient's current work status is not provided. There is no indication of when the patient began taking this medication. 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. The patient has cervical spine tenderness and positive cervical facet loading maneuvers. He is diagnosed with chronic pain syndrome, neck pain, cervical radiculopathy, spinal enthesopathy, muscle spasms, insomnia, and depressive disorder. MTUS Guidelines only recommends short-term use (no more than 4 weeks) for benzodiazepines. In this case, the request is for 60 tablets of Temazepam which does not indicate intended short-term use of this medication. Therefore, the request is not medically necessary.