

Case Number:	CM15-0070534		
Date Assigned:	04/20/2015	Date of Injury:	06/01/2001
Decision Date:	05/19/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/14/2015

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: Emergency 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 57 year old female, who sustained an industrial/work injury on 6/1/01. She reported initial complaints of back pain. The injured worker was diagnosed as having lumbar intervertebral disc without myelopathy and failed lumbar decompression surgery. Treatment to date has included medication and diagnostics. MRI results were reported on 12/4/12. Currently, the injured worker complains of persistent pain in the lower back that was rated 7/10, and it radiated down both legs (L>R). Per the primary physician's progress report (PR-2) on 3/19/15, examination noted numbness in the foot and all toes on the left. Pain medication reduces the pain to 4/10. There was tenderness and hypertonicity to palpation over the lumbar paraspinal muscles and quadratus lumborum bilaterally, straight leg raise was positive, bilaterally with pain to the lateral legs and dorsal foot. Sensation was decreased in the L5 and S1 distributions, bilaterally. The requested treatments include Restoril (temazepam).

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril (temazepam 15mg) #30, 1 tablet at night: Upheld

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

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

Decision rationale: The requested Restoril (temazepam 15mg) #30, 1 tablet at night, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Benzodiazepines, Page 24, note that benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence." The injured worker has persistent pain in the lower back that was rated 7/10, and it radiated down both legs (L>R). Per the primary physician's progress report (PR-2) on 3/19/15, examination noted numbness in the foot and all toes on the left. Pain medication reduces the pain to 4/10. There was tenderness and hypertonicity to palpation over the lumbar paraspinal muscles and quadratus lumborum bilaterally, straight leg raise was positive, bilaterally with pain to the lateral legs and dorsal foot. Sensation was decreased in the L5 and S1 distributions, bilaterally. 1 tablet at night the treating physician has not documented the medical indication for continued use of this benzodiazepine medication, nor objective evidence of derived functional benefit from its previous use. The criteria noted above not having been met, Restoril (temazepam 15mg) #30, 1 tablet at night is not medically necessary.