

Case Number:	CM15-0078737		
Date Assigned:	04/29/2015	Date of Injury:	02/08/2005
Decision Date:	05/29/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/24/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 43 year old male sustained an industrial injury to the neck and back on 2/8/05. Recent treatment plan included magnetic resonance imaging, interferential unit, medications, psychiatric care and Matrix. The injured worker had been approved for the comprehensive NESP-R detoxification program for chronic pain patients. In a pain management re-evaluation dated 3/11/15, the injured worker complained of total body pain. The injured worker complained of a two week history of nausea and vomiting. The injured worker reported not receiving his Norco for three months. The injured worker had been to the Emergency Department for pain and received an injection. The injured worker also reported that he had an ulcer. Current diagnoses included lumbar spine radiculopathy, chronic pain syndrome, neuropathic pain, prescription narcotic dependence, chronic pain-related insomnia, neck pain, chronic pain related depressive anxiety and total body pain. The treatment plan included starting the NESP-R program and medications refills (Zofran, Norco, Terocin patches, Methoderm Gel, Fioricet, Percura and Prilosec). The injured worker received Matrix and a Vitamin B12 injection during the office visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request (DOS 3/9/2015) for Tamazepam 30mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Benzodiazepines.

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

Decision rationale: The MTUS does not recommend long-term use of benzodiazepines because long-term efficacy is unproven and there is a risk of dependency and rapid onset of medication tolerance, making the recommendation for Temazepam unreasonable according to utilization review. The patient has a history of opioid dependency and given that Temazepam is not likely to be the most effective treatment for either anxiety or insomnia, particularly in the long-term, it is not considered the most appropriate treatment modality at this time. Therefore, given the provided documents, the request for Temazepam is not considered medically necessary at this time, and non-certification per utilization review decision is considered reasonable.