

Case Number:	CM15-0091720		
Date Assigned:	05/18/2015	Date of Injury:	04/25/2013
Decision Date:	06/19/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/12/2015

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 41 year old female, who sustained an industrial injury on April 25, 2013. She reported the gradual onset of pain after standing and walking for long hours. The injured worker was diagnosed as having chronic fasciitis/fasciosis - left greater than right, bilateral Achilles insertional tendinitis, traumatic neuromas of the bilateral 3rd web left greater than right, left tarsal tunnel syndrome, and bilateral lateral column syndrome arthralgia, 4th and 5th cuboid articulation. Diagnostic studies to date have included an MRI. Treatment to date has included physical therapy/rehabilitation, night splinting, motion control orthotics, and medications including anti-epilepsy, pain, sleep, and antidepressant. On April 9, 2015, the injured worker complains of constant right foot and ankle pain, which is rated 2/10 at rest and 5/10 with any attempted repetitive weight bearing activities. Her pain was rated 9/10. She complains of constant left foot and ankle pain, which is rated 3/10 at rest and 5/10 with any attempted repetitive weight bearing activities. Her pain was rated 8/10. The physical exam revealed left calf atrophy and bilateral ankle edema, with a little bit more in the left tarsal tunnel region. There was mild to moderate tenderness of the left heel in the plantar medial aspect in the plantar fascia origin to the medial arch with moderate induration. There was mild to moderate tenderness of the right heel in the plantar medial aspect to the medial arch with moderate induration. There was a palpable mass in the 3rd web space of bilateral feet with moderate tenderness and a positive compression test. There was mild to moderate tenderness to the lateral aspect of bilateral feet in the 4th and 5th metatarsal cuboid articulation area, mild to moderate tenderness and induration in the left tarsal tunnel, a positive Tinel's, and some enlargement of the posterior tibial nerve right in the tunnel. There was mild to moderate tenderness to the left heel medial aspect over the Baxter nerve and a positive Tinel's. There was mild to moderate

tenderness of the right foot tarsal tunnel without Tinel's or Baxter nerve. There was mild to moderate tenderness bilateral Achilles tendon at the insertion, no Achilles tendon thickening, and mild induration and thickening at the insertion. The neurological and vascular exams of the bilateral lower extremities were unremarkable. The treatment plan includes Temazepam for sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Temazepam 30 mg #30 (4/9/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), pain chapter, insomnia treatment.

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

Decision rationale: The requested Retrospective Temazepam 30 mg #30 (4/9/15), 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 constant right foot and ankle pain, which is rated 2/10 at rest and 5/10 with any attempted repetitive weight bearing activities. Her pain was rated 9/10. She complains of constant left foot and ankle pain, which is rated 3/10 at rest and 5/10 with any attempted repetitive weight bearing activities. Her pain was rated 8/10. The physical exam revealed left calf atrophy and bilateral ankle edema, with a little bit more in the left tarsal tunnel region. There was mild to moderate tenderness of the left heel in the plantar medial aspect in the plantar fascia origin to the medial arch with moderate induration. There was mild to moderate tenderness of the right heel in the plantar medial aspect to the medial arch with moderate induration. There was a palpable mass in the 3rd web space of bilateral feet with moderate tenderness and a positive compression test. There was mild to moderate tenderness to the lateral aspect of bilateral feet in the 4th and 5th metatarsal cuboid articulation area, mild to moderate tenderness and induration in the left tarsal tunnel, a positive Tinel's, and some enlargement of the posterior tibial nerve right in the tunnel. There was mild to moderate tenderness to the left heel medial aspect over the Baxter nerve and a positive Tinel's. There was mild to moderate tenderness of the right foot tarsal tunnel without Tinel's or Baxter nerve. There was mild to moderate tenderness bilateral Achilles tendon at the insertion, no Achilles tendon thickening, and mild induration and thickening at the insertion. 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, Retrospective Temazepam 30 mg #30 (4/9/15) is not medically necessary.