

Case Number:	CM15-0094245		
Date Assigned:	05/21/2015	Date of Injury:	08/25/2008
Decision Date:	06/22/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/18/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 60 year old male who sustained an industrial injury on 8/25/08. The injured worker was diagnosed as having cervical spine degenerative disc disease, cervical spine transitional disc disease at C4-C5 and C6-C6, bilateral thoracic outlet syndrome and lumbar spine radiculitis with mechanical low back pain. Currently, the injured worker was with complaints of bilateral shoulder and upper extremity pain as well as headaches. Previous treatments included status post cervical spine surgery, status post bilateral carpal tunnel release surgery, status post right shoulder surgery, epidural steroid injection, activity modification, physical therapy and oral pain medication. Previous diagnostic studies included a magnetic resonance imaging. The plan of care was for medication prescriptions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 30mg quantity 30: Upheld

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

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

Decision rationale: According to MTUS guidelines, benzodiazepines are not recommended for long-term use for pain management because of unproven long-term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. There is no recent documentation of insomnia related to pain. There is no clear documentation that the drug will be used for less than 4 weeks. Therefore, the prescription of Temazepam 30mg, quantity 30 is not medically necessary.