

<b>Case Number:</b>	CM14-0009504		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	03/04/1975
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	01/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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. The expert reviewer is Board Certified in Psychiatry and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

65 year old male with date of injury 3/4/1975. The UR decision date was 8/15/2013. Progress Report from 9/6/2013 indicated that injured worker has been experiencing cervical, thoracic, lumbar, and left leg pain. He has undergone treatment for chronic pain in form of physical therapy, home exercises, pain medications, trigger point injections. The report from 9/6/2013 suggests that injured worker was experiencing mild stress, mild depression, was sleeping 4 hours a night which was disturbed and unrestful. The psychotropic medications being prescribed for him per that progress report were Seroquel 400 mg, Xanax 1 mg every 8 hours, Temazepam 30 mg nightly. No psychiatric symptoms have been listed in that progress report. There is no documentation available regarding detailed assessment of Psychiatric symptoms or diagnosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Temazepam 30mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazapine Section Page(s): 24.

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

**Decision rationale:** The MTUS states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been receiving Temzepam 30 mg nightly on an ongoing basis for at least 6 months with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. The request for for 30 tablets of Temazepam 30 mg is not medically necessary.

**Seroquel 400mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental and Stress), Quetiapine (Seroquel) Section.

**Decision rationale:** There is no documentation available regarding detailed assessment of Psychiatric symptoms or diagnosis. The report from 9/6/2013 suggested that injured worker was experiencing mild stress, mild depression, was sleeping 4 hours a night which was disturbed and unrestful. The psychotropic medications being prescribed for him per that progress report were Seroquel 400 mg, Xanax 1 mg every 8 hours, Temazepam 30 mg nightly. No psychiatric symptoms have been listed in that progress report. Seroquel has FDA-approved indications for schizophrenia and bipolar disorder. There is no indication for use of Seroquel for the injured worker based on the documentation available. The request for Seroquel 400 mg #30 is not medically necessary due to the above mentioned reasons.