

<b>Case Number:</b>	CM14-0015808		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	10/20/2012
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/07/2014

### 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, Neurology, and Addiciton Medicine, has a subspecialty in Geriatric 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:

The injured worker is a 59 year old female whose date of injury is 10/20/12. She was exiting her office when a vehicle came through the glass door and hit her in the right upper extremity. Her diagnosis is depressive disorder not elsewhere classified. In a 10/18/13 treating psychologist's initial report, it is noted that the patient experienced post traumatic reactions including fear, anxiety, intrusive recollections, attention/concentration problems, emotional withdrawal, sleep disturbance, and nightmares. She developed depression, anxiety, irritability, headaches, and insomnia. Consultation reports from 10/23/12 and 11/30/12 showing the diagnosis of cervical strain. A follow-up narrative report of 3/5/13 by [REDACTED] noted an improved condition, and recommendations included psychiatric evaluation, chiropractic treatment, and continued medications (Robaxin, Naproxen, and acetaminophen). Recommendations were treatment to ameliorate her stress, and improve her emotional/cognitive functioning. Medications provided by medical staff included Bupropion, Buspar, and Prosom for sleep.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TEMAZEPAM:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, BENZODIAZEPINES, 24

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Benzodiazepines Page(s): 24 of 127.

**Decision rationale:** 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 four weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. The patient was diagnosed with insomnia and suffered from nightmares. There is mention of having been prescribed Prosom, but nothing in the records provided mentions temazepam except for the utilization review dated 2/14/14. The severity of the patient's insomnia is not discussed. There is no indication that the patient was evaluated for PTSD; there is only a reference to post traumatic reactions. As such, Temazepam is not medically necessary.