

<b>Case Number:</b>	CM14-0154766		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	06/27/2011
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 Internal Medicine 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 patient is a 54-year-old female who has submitted a claim for Depress Psychosis - severe associated with an industrial injury date of June 27, 2011. Medical records from 2014 were reviewed, which showed that the patient complained of depression and. Mental status exam revealed that the patient's mood and affect were depressed. Patient continued to be isolative and withdrawn. Treatment to date has included Alprazolam (since at least January 16, 2014), Temazepam (since at least January 16, 2014), and Theramine (since at least January 16, 2014) Utilization review from August 28, 2014 denied the request for 1 prescription of Alprazolam 1mg #60, 1 prescription of Temazepam 30mg, and Unknown prescription of Theramine. The requests for alprazolam and temazepam were denied because it had been used for a longer time than the guideline recommendations. The request for Theramine was not certified because the guidelines do not recommend its use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Alprazolam 1mg, sixty count:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic); Xanax (Alprazolam)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Benzodiazepines Page(s): 24.

**Decision rationale:** As stated on page 24 of the Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. The Chronic Pain Medical Treatment Guidelines limit the use of Benzodiazepine for 4 weeks. In this case, the patient was prescribed Alprazolam since at least January 16, 2014 . Guidelines do not recommend chronic use of benzodiazepines. The records provided have not established a justification to deviate from the guideline recommendations. Therefore, the request for Alprazolam 1mg, sixty count, is not medically necessary or appropriate.

**1 prescription of Temazepam 30mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants.

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

**Decision rationale:** According to page 24 of theChronic Pain Medical Treatment Guidelines, Temazepam, a benzodiazepine, is 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. Also ODG, Pain Chapter, stated that these drugs act synergistically with other drugs such as opioids and mixed overdoses, which are often a cause of fatalities. The risks associated with hypnotics outweigh its benefits. In this case, the patient had been taking Temazepam with Alprazolam since at least January 16, 2014. There was no documented functional benefit derived from its use nor was there rationale provided to justify use extension beyond the guideline recommendations. Therefore, the request for Temazepam 30 mg is not medically necessary or appropriate.

**Unknown prescription of Theramine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Theramine

**Decision rationale:** The CA MTUS does not address the topic on Theramine. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines was used instead. ODG states that Theramine is not recommended. There is no high quality peer-reviewed literature that suggests that GABA is indicated. There is no known medical need for choline supplementation. L-Arginine and L-Serine are not indicated in current references for pain or inflammation. Until

there are higher quality studies of the ingredients in Theramine, it remains not recommended. In this case, the patient was prescribed Theramine since at least January 16, 2014. However, there was no documentation of positive response to the food product requested. Moreover, the guidelines do not recommend the use of Theramine. There was no discussion as to why variance from the guidelines is needed. Therefore, the request for unknown prescription of Theramine is not medically necessary or appropriate.