

Case Number:	CM14-0159848		
Date Assigned:	10/03/2014	Date of Injury:	03/20/1996
Decision Date:	11/03/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/29/2014

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 Occupational 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:

According to the provided documents, this is 70 year old man who was injured on 3/20/96. He slipped and fell on ice. He hurt his low back. He has chronic low back pain radiating down the bilateral lower extremities. There is documentation multiple MRIs of the knees in the back. There is also complaint of bilateral knee pain. The disputed treatment is temazepam 15 mg #30 addressed in a utilization review letter of 9/12/14. There is a pain management report of 3/28/14 indicates activities of daily living limitations are sleep. There is an Insomnia Severity Index administered 3/28/14 with a score of 10 said to indicate that the patient has sub-threshold insomnia. This was reportedly worsened over the past month. Urine drug test was said to show no inconsistency compared with prescribed medications. Follow-up was planned for 3 months. Medications refilled Norco 10/325#60 refills 2, soma 350 mg one 3 times a day #90 refill 2, omeprazole 20 mg #30 refill 2, temazepam 30 mg taken as needed at night for insomnia #30 refill 2. Laboratory report for urine drug test collection of 3/28/14 was positive for temazepam. 3/6/14 pain management report renewed the same medications. The current requesting report of 8/29/14, Pain Management documents insomnia associated with ongoing pain, improving with medications. There is mention that education about sleep hygiene was provided to the patient that day. Diagnoses were lumbar disc degeneration and displacement, lumbar radiculopathy, medication related dyspepsia, chronic pain, status post knee replacement, hypertension, insomnia, obesity. There is discussion that prior urine drug test 6/14 did not show any opiates in the urine (note is made that it did show the temazepam). There is no mention of how many hours the patient sleeps on an average night.

There is no mention of daytime sleepiness, level of alertness, troubles with concentration and memory. There is no documentation that the patient uses the temazepam every night or how many refills the patient gets in between follow-up visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 15mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2 Page(s): 24, 29, 68, 78-84. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, (chronic), Insomnia Treatment

Decision rationale: MTUS guidelines do not specifically address use of sleeping aids however, ODG guidelines do. MTUS guidelines do address chronic use of benzodiazepines which is what temazepam is. It is also known as Restoril, labeled for use as a treatment for insomnia. Regarding benzodiazepines, MTUS guidelines state that they are not recommended for long-term use because efficacy is unproven and there is a risk of dependence. Guidelines do note that these can be used for sedative/hypnotic purposes. Guidelines note that tolerance occurs within weeks to months. ODG says is an FDA approved benzodiazepine for sleep maintenance. They are recommended only for short-term use due to risk of tolerance, dependence and adverse events including daytime drowsiness, anterograde amnesia, next-day sedation, impaired cognition, impaired psychomotor function and rebound insomnia. From the documentation it appears that the patient likely uses this chronically if not every night then close to every night. Use has been chronic for greater than 3 months according to the submitted documents. Therefore, based upon the evidence and the guidelines, continued chronic use is not supported as being medically necessary.