

Case Number:	CM14-0169547		
Date Assigned:	10/17/2014	Date of Injury:	03/14/2010
Decision Date:	11/19/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/14/2014

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 Iowa. 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 44 year-old male with a date of injury of 3/14/2010. A review of the medical documentation indicates that the injured worker is undergoing treatment for a right-sided CVA, which resulted from a right carotid artery dissection due to the injury. Subjective complaints (9/16/2014) include left arm and hip pain 3/10; severe headaches and occasional nausea; left sided weaknesses; decreased range of motion; and localized tingling in these areas. Objective findings (9/16/2014) include left hemiparesis and decreased sensation in the left arm and leg. Diagnoses include carotid artery dissection, seizure disorder, hemiplegia, and migraine. Results from imaging studies were not available for review. The injured worker has previously undergone craniotomy in 2010. A utilization review dated 9/24/2014 did not certify the request for Temazepam 15 mg Qty 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 15mg Qty 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Temazepam

Decision rationale: Temazepam is classified as a benzodiazepine. According to MTUS guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions as tolerance to hypnotic effects develops rapidly, tolerance to anxiolytic effects occurs within months, and long-term use may actually increase anxiety. MTUS states that most guidelines limit use to 4 weeks. ODG guidelines also recommend short courses of therapy only. Review of the medical documentation suggests that the injured worker has been on Temazepam for an extended period of time of over several months, exceeding the recommendations. The treating physician does not document the indication for the medication, although it is prescribed for use at bedtime, which suggests its use as a sleep aid. If so, there is no description of the injured worker's sleep history or hygiene, nor any discussion of first-line therapies for sleep disorders, including behavioral and lifestyle changes. The medical documentation also does not provide any extenuating circumstances to justify exceeding the duration of therapy recommendations. Therefore, the request for Temazepam 15 mg Qty 30 is not medical necessary.