

<b>Case Number:</b>	CM14-0033094		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	05/11/2011
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/15/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas and New York. 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 57-year-old female who reported an injury on 05/11/2011 with the mechanism of injury not cited within the documentation provided. In the clinical notes dated 08/31/2013, notes are handwritten and largely illegible. The annotation that was legible stated that the injured worker felt anxious and that Neurontin helped, Temazepam helped with sleep and that she was still with depression and felt depressed. It was also noted that a request for Klonopin was allowed by previous MD in addition to Temazepam. It was noted that Ambien and Halcion did not work and that only Temazepam worked. Prior treatments were not noted or illegible. The treatment plan included adjustment to medications with continuation of Temazepam 30 mg 1 to 2 as needed #60, Sertraline HCL 100 mg for anxiety #30, and Gabapentin 300 mg 3 times a day as needed #90, and Ropinirole 4 mg 0.5 to 1 tab 3 times a day as needed. The request for authorization for Temazepam 30 mg, Sertraline HCL 100 mg and the Gabapentin 300 mg was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Temazepam 30 mg #30:** Upheld

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

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

**Decision rationale:** The request for Temazepam 30 mg #30 is not medically necessary. The California MTUS Guidelines state that benzodiazepines are not recommended for use longer than 4 weeks as long-term efficacy is unproven and there is a risk of dependence. In the clinical notes provided for review, the clinical notes were mostly illegible due to the notes being handwritten. It was annotated that Temazepam helped with sleep; however, there is lack of documentation of the hours of sleep or the efficacy. With the lack of clarity of the clinical notes provided for review, it is hard to decipher if annotation pertaining to the injured worker's sleep was noted. Furthermore, it is indicated that the injured worker has been on Temazepam for an extended period of time, and the guidelines do not recommend benzodiazepines for long-term use due to the risk of dependence. Therefore, the request for Temazepam 30 mg #30 is not medically necessary.

**Sertraline HCL 100 mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors Page(s): 107.

**Decision rationale:** The request for Sertraline HCL 100 mg #30 is not medically necessary. The California MTUS Guidelines state that SSRIs are not recommended as a treatment for chronic pain as more information is needed regarding their role in pain. However, SSRIs may have a role in treating secondary depression as it has been suggested that the main role of SSRIs may be addressing psychological symptoms associated with chronic pain. In the clinical notes provided for review, the notes were largely illegible. It is noted that the request for Sertraline HCL was prescribed for anxiety and depression; however, there is a lack of evidence in rationale to help in supporting the request. With the lack of clarity of the clinical notes, it is hard to decipher the requesting physician's goals for the injured worker. Therefore, the request for Sertraline HCL 100 mg #30 is not medically necessary.

**Gabapentin 300 mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-epilepsy drugs Page(s): 18.

**Decision rationale:** The request for Gabapentin 300 mg #90 is not medically necessary. The California MTUS Guidelines state that Gabapentin is considered a first line treatment for neuropathic pain and the patient should be asked at each visit as to whether there has been a change in pain or function in order to establish a positive outcome to justify continuing

treatment. In the clinical notes provided for review, the clinical notes are largely illegible. There is also lack of documentation of the injured worker having a physical examination with neurological or functional status being annotated. Therefore, the request for Gabapentin 300 mg #90 is not medically necessary.