

Case Number:	CM13-0026635		
Date Assigned:	11/22/2013	Date of Injury:	01/25/2011
Decision Date:	03/09/2015	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/19/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 64 year old woman sustained an industrial injury on 1/25/2011. The mechanism of injury was not detailed. Current diagnoses include post traumatic stress disorder, pain disorder, sexual problem, sleep disorder, and major depressive disorder. Treatment has included oral medications and psychologic treatment. Physician notes on a PR-2 dated 6/5/2013 showed that the worker has not been able to receive medication to help her depression, pain, and anxiety as it has not been approved by the carrier and, therefore, has become worse. Recommendations are made for citalopram and temazepam. On 8/22/2013, Utilization Review evaluated prescriptions for Temazepam 30 mg 1 QHS for sleep #30 and Citalopram 10 mg 1 daily for depression #10, that was submitted on 9/16/2013. The UR physician noted that Temazepam is only indicated for short term treatment, however, the request is for a longer period of time than is recommended. Citalopram is recommended as first line treatment. The MTUS, ACOEM Guidelines, (or ODG) was cited. The requests were denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEMAZEPAM 30MG, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Benzodiazepines

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of benzodiazepines, such as Temazepam, as a treatment modality. These guidelines state the following: 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 4 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. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this case the evidence provided in the medical records suggests that Temazepam is being used as a long-term treatment. Given the findings of the above cited MTUS guidelines, Temazepam is not considered as a medically necessary treatment.