

Case Number:	CM14-0183539		
Date Assigned:	11/10/2014	Date of Injury:	04/29/2005
Decision Date:	01/02/2015	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	11/04/2014

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:

This case involves a 65 year old female with a date of injury on 4/29/2014. A review of the medical records indicated that the patient has been undergoing treatment for major depressive disorder. Medical records provided did not include current subjective complaints or objective findings. A narrative history was provided and revealed depressive disorder, GAF of 57. Treatment has included physical therapy, Zoloft, psychotherapy, and Temazepam. A utilization review dated 9/30/2014 partially certified for #25 Temazepam (original request for Temazepam cap 15mg, quantity 30).

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam cap 15mg, quantity 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment in Workers Compensation (TWC) Pain (chronic) (updated 07/10/14)

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 and Temazepam (Restoril) package insert

Decision rationale: Temazepam is a benzodiazepine. MTUS states regarding benzodiazepine, "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." Official Disability Guidelines (ODG), also notes "Not recommended" and "Criteria for use if provider & payor agree to prescribe anyway: 1) Indication for use should be provided at the time of initial prescription. 2) Authorization after a one-month period should include the specific necessity for ongoing use as well as documentation of efficacy." The medical records provided did not indicate how long the patient has been on Temazepam. The medical notes do provide detailed history, ongoing evaluation of depression/insomnia, and documented improvement of sleep from 5-6 hours/night to 5-8 hours/night with current medical regimen. As such, the request for Temazepam cap 15mg, quantity 30 is medically necessary.