

<b>Case Number:</b>	CM14-0204127		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	02/03/1999
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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:

The 68 year old female injured worker suffered an injury on 2/3/1999. The details of the accident and initial injury were not included in the medical records provided. The current diagnoses were right cervical torticollis, right shoulder pain, cervical degenerative disc disease and spasms of the cervical musculature. The current treatments include medications, heat, ice, rest and gentle stretching. The provider's progress note of 2/6/2014 noted Temazepam was used for insomnia without further description. The provider's progress notes of 7/10/2014 and 11/6/2014 described the exam where the injured worker's head was severely listing to the right and cannot raise her head to the neutral position. Severe spasm of both sides of the cervical spine muscles were noted along with tenderness on light palpation. The UR decisions on 11/14/2014 noncertified the requested Temazepam, Lorazepam and Remeron. In general, the guidelines only recommend the benzodiazepine class of medications (Temazepam/Lorazepam) for acute phase of treatments such as 4 weeks and not for long term use due to rapid development of tolerance and dependence. Temazepam was prescribed for insomnia but no detailed description of the symptoms/diagnosis of a sleep disorder was included in the medical record. Lorazepam was not indicated for long term use along with an increased risk of dependence. There also was no diagnosis of anxiety or subjective complaints of anxiety. The medical records did not indicate any diagnosis of depression or anxiety secondary to chronic pain for which Remeron was prescribed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Temazepam 15mg #7: Upheld**

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

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

**Decision rationale:** Temazepam is a benzodiazepine medication. The injured worker is reported to not have anxiety or depression. The prescribed medications are reported be the injured worker's chronic pain medication regimen. The requesting provider does not provide any rationale why a benzodiazepine medication is needed in the management of this injured worker's pain. Temazepam is mentioned to be used as a sleep aid for the injured worker. The MTUS guidelines do not support the use of benzodiazepines for long term use, generally no longer than 4 weeks, and state that a more appropriate treatment for anxiety disorders would be an antidepressant. The request for Temazepam 15mg #7 is not medically necessary.

**Lorazepam 0.5mg #25: Upheld**

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

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

**Decision rationale:** Lorazepam is a benzodiazepine medication. The injured worker is reported to not have anxiety or depression. The prescribed medications are reported be the injured worker's chronic pain medication regimen. The requesting provider does not provide any rationale why a benzodiazepine medication is needed in the management of this injured worker's pain. The MTUS guidelines do not support the use of benzodiazepines for long term use, generally no longer than 4 weeks, and state that a more appropriate treatment for anxiety disorders would be an antidepressant. The request for Lorazepam 0.5mg #25 is not medically necessary.

**Remeron 15mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388, 402. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Insomnia Treatment section

**Decision rationale:** Antidepressants for chronic pain are recommended by the MTUS Guidelines as a first line option for neuropathic pain and as a possibility of non-neuropathic pain.

Per the Official Disability Guidelines, Mirtazapine is a sedating antidepressant that can be used as for insomnia treatment. The injured worker is reported to not have anxiety or depression. The prescribed medications are reported be the injured worker's chronic pain medication regimen. There is no other explanation provided regarding the use of Mirtazapine with this injured worker. Medical necessity of this request has not been established. The request for Remeron 15mg #30 is not medically necessary.