

Case Number:	CM14-0206059		
Date Assigned:	12/18/2014	Date of Injury:	06/07/2012
Decision Date:	02/12/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/09/2014

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 Emergency 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 injured worker is a 38 year-old male who was originally injured on June 7, 2012 when he picked up a strawberry box and sustained injury to his back and lower extremities. He was subsequently managed with medication, work restriction, physical therapy, MRI, and cortisone injections. In December 2012, he was placed on disability and stopped working. The injured worker remained symptomatic. On 7/21/14, he was referred for psychological evaluation and was diagnosed with major depressive disorder, generalized anxiety disorder and psychological factors affecting a medical condition. At that time he was prescribed buspirone, estazolam, bupropion. The injured worker was seen by the treating physician assistant on November 21, 2014, and a prescription for temazepam 15mg #60, Refill 2 was written but was not authorized. This request for this prescription was then submitted for independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 15mg #60 Refill: 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 387-388, Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Temazepam is a benzodiazepine, which is a psychoactive drug that has sedative, hypnotic, anxiolytic, anticonvulsant and muscle relaxant effects. The injured worker sustained an industrial injury that led to chronic back and lower extremity pain that rendered him unable to work, and further led to major depression, generalized anxiety, and psychological factors affecting a medical condition. The medical records submitted for review are limited, but it appears the injured worker was previously treated with medications within the benzodiazepine class prior to the prescription of temazepam that was submitted for independent medical review. According to the MTUS guidelines, benzodiazepines as a class are not recommended for long-term use due to unproven efficacy and the risk of dependence. Tolerance develops rapidly, and long-term use may actually increase anxiety. Weaning may be required after more than 2 weeks of use. Anxiolytics are not recommended as first-line therapy for stress-related conditions because they do not modify stressors or the individual's coping mechanisms. They may be appropriate for brief periods in cases of overwhelming symptoms to achieve a brief alleviation of symptoms, but are not recommended for long-term use. The prescription as written, Temazepam 15mg #60, Refill 2 is not supported by the MTUS guidelines and is therefore not medically necessary.