

Case Number:	CM14-0208114		
Date Assigned:	12/22/2014	Date of Injury:	06/07/2012
Decision Date:	02/11/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/12/2014

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 Internal 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 (IW) is a 37-year-old man with a date of injury of June 7, 2012. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are major depressive disorder, single episode, unspecified; generalized anxiety disorder; and psychological factors affecting medical condition. Pursuant to the Narrative Report on Medication Management and Request for Authorization dated November 24, 2014 indicates the IW presents for medication management for persistent symptoms of depression, anxiety, and stress-related medical complaints arising from an industrial stress injury to the psyche. Current medications include Buspar, Prosom, and Wellbutrin. It is noted that medications have not had any significant side effects or negative interactions relevant to the medications. All medications interact to improve anxiety, depression, confusion, emotional control, and stress intensified medical complains. He has been provided with general instructions regarding sleep hygiene. There is no discussion or documentation of sleep issues or insomnia. The timeframe and/or duration the IW has been taking Temazepam is unknown. The current request is for Temazepam 15mg #60 with 2 refills.

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. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Benzodiazepines.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Temazepam 15 mg # 60 with two refills is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks) because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Chronic benzodiazepines are the treatment of choice very few conditions. In this case, the injured worker's working diagnoses pursuant to a November 20, 2014 comprehensive orthopedic evaluation progress note is right L5 - S1 radiculopathy. There is no discussion or documentation of sleep issues or insomnia. The physician's first report dated July 29, 2014 (mental health provider) contains diagnoses of major depressive disorder, generalized anxiety disorder, and psychological factors affecting medical condition. Again, there is no discussion regarding any sleep issues or insomnia. Temazepam (according to the Official Disability Guidelines) is not recommended. Benzodiazepines are not recommended for long-term use (longer than two weeks). The timeframe/duration for Temazepam is unknown and the ODG do not recommend Temazepam. Consequently, after the appropriate clinical documentation to support the ongoing use of Temazepam in contravention of the recommended guidelines, Temazepam 15 mg #60 with two refills is not medically necessary.