

<b>Case Number:</b>	CM14-0209227		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	01/25/2013
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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 Physical Medicine Rehabilitation, has a subspecialty in Interventional spine 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 patient is a 57 year old male with the injury date of 01/25/13. Per 10/08/14 AME's report, the patient has emotional problems, hypertension, diabetes mellitus, asthma and irritable bowel syndrome. The patient has been on hypertension medication and there is no sign of out-of-control hypertension or end organ damage. His diabetes is under control. A treadmill test demonstrated no signs of underlying heart disease. A screening neurometry demonstrated no signs of diabetic peripheral neuropathy. A spirometry demonstrated no signs of industrial aggravation of the asthma. The patient has reached MMI. The patient has various problems with his ADLs. He qualified for 3% impairment of the whole person on an industrial basis. The 08/05/14 AME's report states that "laboratory testing confirmed the presence of elevated lipids. Gycohemoglobing was significantly elevated at 10.5%. Re-assessment of laboratory studies revealed continued problems with hyperlipidemia, diabetes and hypertension. The patient had anxiety related to stress at work. The patient had multiple psychological complaints and secondary somatic problems." Per 11/13/14 AME's report, the lists of diagnoses are: 1) Psychiatric complaints, defer to (██████) Fragment of sleep with insomnia, multiple awakenings and wake after sleep onset and Epworth sleepiness scale score of 193) Occasional to intermittent slight to moderate upper and lower GI symptoms including reflux, pain and bowel irregularity 4) Near-daily headaches 5) Occasional slight palpitations Per the utilization review letter 11/21/14, the patient experiences nightmares, anxiety attacks, phobia avoidance, social isolation and lower sex drive. The patient has been on psychiatric medication with mild relief. The patient has had psychotherapy for 10 years including monthly individual psychotherapy and monthly group psychotherapy. The utilization review determination being

challenged is dated on 11/21/14. Three AME's reports were provided on 08/15/14, 10/08/14 and 11/13/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Temazepam 1.5 mg # 60 with two refills:** 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Insomnia treatment.

**Decision rationale:** The patient presents with psyche problems such as depression and anxiety. The request is for TEMAZEPAM 1.5mg #60. The MTUS Guidelines page 24 states, "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." ODG guidelines have the following regarding insomnia treatments: "Benzodiazepines: temazepam (Restoril) is FDA-approved for sleep-onset insomnia. These medications are only recommended for short-term use due to risk of tolerance, dependence, and adverse events. Particular concern is noted for patients at risk for abuse or addiction. Benzodiazepines are similar in efficacy to benzodiazepine-receptor agonists; however, the less desirable side-effect profile limits their use as a first-line agent, particularly for long-term use." In this case, none of the reports discuss medication. Benzodiazepines run the risk of dependence and difficulty of weaning per MTUS and ODG Guidelines. It is not recommended for a long-term use. The utilization review on 11/21/14 modified the request of Temazepam 1.5mg #60 with 2 refills to #30 with no refill. The request of Temazepam #60 with 2 refills IS NOT medically necessary.