

Case Number:	CM14-0219370		
Date Assigned:	01/09/2015	Date of Injury:	12/19/1988
Decision Date:	04/03/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/31/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 53 year old female who sustained an industrial injury on 12/19/1988. She has reported depression, decreased energy, diminished self-esteem, sleep disturbance, emptiness and inadequacy, lack of motivation, difficulty thinking, excessive worry, panic attacks, chest pain, jumpiness, inability to relax, anticipation of misfortune, disturbing memories, reliving of trauma, and flashbacks. Diagnoses include depression, anxiety, and stress. The IW has had sleep studies, and medication management. Medications include venlafaxine XR 75 mg twice daily, Temazepam, 15 mg 1-2 at bedtime, and clonazepam 0.5mg twice daily. According to the Utilization Review report dated 12/11/2014, a progress note dated 11/14/2014 the PA caring for the IW indicated that the IW was being treated for depression, anxiety and stress. This note of 11/14/2014 is not found in the available medical records. On 12/11/2014 Utilization Review non-certified a request for Clonazepam 0.5 mg #60, noting the guidelines do not recommend this medication for long-term use. The MTUS Chronic Pain Guidelines, Benzodiazepines were cited. On 12/11/2014 Utilization Review non-certified a request for Temazepam 15 mg #60, noting the guidelines do not recommend this medication for long-term use. The MTUS, chronic pain guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 15 mg #60: 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: The claimant has a remote history of a work-related injury and continues to be treated for depression, anxiety, and stress. She is noted to have sleep apnea and uses CPAP. Temazepam is a benzodiazepine which is not recommended for long-term use. Long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Gradual weaning is recommended for long-term users. In this case, it may also be contributing to her sleep apnea. Therefore the ongoing prescribing of temazepam is not medically necessary.

Clonazepam 0.5 mg #60: Upheld

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

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

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for depression, anxiety, and stress. She is noted to have sleep apnea and uses CPAP. Clonazepam is a benzodiazepine which is not recommended for long-term use. Long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Gradual weaning is recommended for long-term users. In this case, it may also be contributing to her sleep apnea. Therefore the ongoing prescribing of clonazepam is not medically necessary.