MAXIMUS Federal Services

Case Number:	CM14-0098733		
Date Assigned:	07/28/2014	Date of Injury:	12/16/2009
Decision Date:	04/24/2015	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/26/2014

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: Pennsylvania
Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 52-year-old male, who sustained a work related injury on 12/16/09. The diagnosis has included sleep disturbance secondary to pain, lumbosacral strain/sprain, right shoulder strain/sprain, right shoulder impingement syndrome and right rotator cuff repair. Treatments to date have included NCV study of upper extremities dated 2/12/14, NCV study of lower extremities dated 4/2/14, MRI right shoulder dated 3/15/11 and medications. In the PR-2 dated 3/27/14, the injured worker complains of lower back pain. He rates this pain an 8/10. He has tenderness to palpation over paraspinal musculature with spasm. He has restricted range of motion in lower back. He complains of right shoulder/arm pain and rates this pain an 8/10. He has tenderness to palpation of right shoulder and restricted range of motion. There are no complaints by the injured worker of sleep related difficulties. The treatment plan is to prescribe physical therapy and refills of medications including Temazepam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 15 mg #30 at bedtime as needed for sleep: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, and Weaning Medications - Benzodiazepines Page(s): 24, page 66, page 124. Decision based on Non-MTUS Citation Temazepam: Drug Information. Topic 9973, version 94.0.

Decision rationale: Temazepam is a medication in the benzodiazepine class. The MTUS Guidelines recommend benzodiazepines for no longer than four weeks. Long-term benefits are not proven, and tolerance to the potential benefits develops quickly. Long-term use can increase anxiety and can lead to dependence. Temazepam is FDA-approved for the short-term treatment of insomnia. The 2008 AASM Guideline and the literature stress the importance of a thorough history in order to establish the type and evolution of insomnia, perpetuating factors, and pertinent concurrent issues. Monitoring data from a sleep diary before and during active treatment is strongly encouraged. Treatment goals should be aimed at improving both the quality and quantity of sleep as well as decreasing daytime impairments. Initial treatment should include at least one behavioral intervention, and all patients should adhere to rules of good sleep hygiene in combination with other therapies. When long-term treatment with medication is needed, consistent follow up, ongoing assessments of benefit, monitoring for adverse effects and evaluation of new or exacerbative issues should occur. The submitted and reviewed records indicated the worker was experiencing lower back pain and right shoulder and arm pain. The length of treatment was not reported, but the worker had taken this medication for at least several months at the time of the request. The documented sleep assessments were minimal and did not contain the majority of the elements suggested by the literature and established guidelines. There was no discussion describing special circumstances that sufficiently supported the long-term use of temazepam. In the absence of such evidence, the current request for 30 tablets of temazepam 15mg taken at bedtime to improve sleep is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted and reviewed documentation, an individualized taper should be able to be completed with the medication the worker has available.