

<b>Case Number:</b>	CM15-0102608		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	05/29/2009
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 39-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of May 29, 2009. In a Utilization Review report dated May 1, 2015, the claims administrator failed to approve requests for Xanax (alprazolam) and Restoril (temazepam) while apparently approving a request for Cymbalta. The claims administrator referenced progress notes of January 2, 2015 and April 15, 2015 in its determination. The applicant's attorney subsequently appealed. On November 12, 2014, the applicant reported ongoing complaints of neck, low back, wrist, shoulder, and foot pain. Motrin, Protonix, Voltaren gel, Soma, and Neurontin were endorsed while the applicant was placed off work, on total temporary disability. In a psychiatry letter dated May 12, 2015, the applicant's psychiatrist stated that he was employing temazepam and alprazolam for ongoing issues with sleep disturbance secondary to a mental health disorder unresponsive to other medications or treatments. The applicant's work and functional status were not detailed. A complete mental health progress note was not provided. The May 12, 2015 letter appeared to represent an appeal letter without an accompanying progress note with the attending provider.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Temazepam 30mg #30 with 2 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** No, the request for temazepam (Restoril), a benzodiazepine anxiolytic, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as temazepam (Restoril) may be employed for "brief periods," in cases of overwhelming symptoms, here, however, the renewal request for temazepam (Restoril) #30 with two refills represented chronic, long-term, and/or daily usage of the same, i.e., usage which ran counter to the MTUS Guideline in ACOEM Chapter 15, page 402. The attending provider's appeal letter of May 12, 2015 did not set forth a clear or compelling case for continued usage of the same in the face of the unfavorable ACOEM position on long-term usage of anxiolytic medications. Therefore, the request was not medically necessary.

**Alprazolam 0.5mg #90 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

**Decision rationale:** Similarly, the request for alprazolam, a second benzodiazepine anxiolytic, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as alprazolam may be employed for "brief periods," in cases of overwhelming symptoms, here, however, the request for 90 tablets of alprazolam with two refills implied chronic, long-term, and/or thrice daily usage of the same, i.e., usage incompatible with the MTUS Guideline in ACOEM Chapter 15, page 402. The attending provider failed to furnish a compelling rationale for continued usage of alprazolam in the face of the unfavorable ACOEM position on the same. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that an attending provider should incorporate some discussion of applicant-specific variables such as "other medications" into his choice of pharmacotherapy. Here, however, the attending provider failed to set forth a clear, compelling, or cogent case for continued usage of two separate benzodiazepine anxiolytics, alprazolam (Xanax) and temazepam (Restoril) in the face of the unfavorable ACOEM position on the same. Therefore, the request was not medically necessary.