

Case Number:	CM15-0135203		
Date Assigned:	07/23/2015	Date of Injury:	09/16/2012
Decision Date:	08/21/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/13/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 56-year-old male who sustained an industrial injury on 09/16/2012. Diagnoses/impressions include major depressive disorder, single episode, and moderate. Treatment to date for the physical injury has included medications, right elbow injections, right elbow surgery and post-operative physical therapy. According to the Initial Psychiatric Evaluation and Report and Request for Authorization of Treatment dated 6/9/15, the IW reported feeling worried about how to support his family; feeling stressed, frustrated and depressed; waking at night and being unable to sleep due to pain. He reported always thinking, feeling like crying and staying alone. On examination, the IW spoke softly, seemed tense, worried and withdrawn. His mood was somber. His facial expression conveyed sadness. His thought processes and content were normal and suicidal ideation and/or intent was denied. He was fully oriented, with good memory, concentration and judgment. A recommendation was made for psychological consultation, as well, for depression, anxiety and insomnia. A request was made for Temazepam 15mg, #30 with 1 refill for sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 15mg #30 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Uptodate: treatment of insomnia.

Decision rationale: Per the guidelines, benzodiazepenes are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Patients with insomnia should receive therapy for any medical or psychiatric illness, substance abuse, or sleep disorder that may cause the problem and be counseled regarding sleep hygiene. After this, cognitive behavioral therapy can be trialed prior to medications. In this injured worker, the sleep pattern, hygiene or level of insomnia is not addressed. There is also no documentation of a discussion of efficacy or side effects. The documentation does not support the medical necessity for temazepam.