

<b>Case Number:</b>	CM15-0194670		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	04/01/1999
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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: California, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 was a 74 year old female, who sustained an industrial injury, April 1, 1999. The injured worker was undergoing treatment for status post lumbar decompression with chronic residual low back pain, status post cervical fusion multilevel with chronic residual neck pain, status post bilateral carpal tunnel release and psychological diagnosis. The injured worker was expressing restlessness, tension, panic attacks, disturbing memories and reliving the trauma. The exam noted the injured worker was able to concentrate better, could comprehend TV, was sleeping better, getting along better, less time in bed, increased interest in activities, less fatigued and less depressed. The injured worker was dressed casual. The injured worker was soft spoken with depressed facial expressions. According to progress note of September 16, 2015, the injured worker's chief complaint was persistent symptoms of depression, anxiety, and stress. The injured worker's medical complaints had arisen from an industrial stress injury to the psyche. The injured worker's complaints consisted of lack of motivation, difficulty getting to sleep and staying asleep. The injured worker was having trouble with thinking. The injured worker previously received the following treatments: Temazepam 15mg since March 2015, Ultram, urine toxicology in April was consistent with medications prescribed. In the RFA (request for authorization), the following treatments were requested: an increase in the Temazepam to 30mg at hour of sleep. The UR (utilization review board) denied certification on September 30, 2015 for a prescription for Temazepam 30mg #30 with 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Illness and Stress, Insomnia Treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

**Decision rationale:** According to the CA MTUS Chronic Pain Medical Treatment Guidelines, page 24, regarding benzodiazepines, "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." In this case, the exam note from 9/16/15 does not demonstrate a quantitative assessment of improvement in functional activity while on the medication. In addition, there is no mention of prior response to this medication or increase in activity of a urine toxicology report demonstrating compliance. Therefore, the request for Temazepam is not medically necessary and is not certified.