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| Case Number: | CM15-0194697 | | |
| Date Assigned: | 10/08/2015 | Date of Injury: | 10/14/2005 |
| Decision Date: | 11/24/2015 | UR Denial Date: | 09/16/2015 |
| Priority: | Standard | Application Received: | 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

Certification(s)/Specialty: Family Practice

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 49 year old male, who sustained an industrial injury on 10-14-2005. The medical records indicate that the injured worker is undergoing treatment for headache. According to the progress report dated 8-19-2015, the injured worker presented with complaints of a constant headache that varies in severity. He reports temporary headache relief with his current analgesic medication. In addition, he reports occasional lightheadedness. The physical examination of the cervical spine reveals tenderness to palpation over the paraspinal muscles bilaterally with palpable spasm, restricted range of motion in all planes, and decreased patchy sensation over all four extremities that were not in a peripheral nerve or dermatome distribution. The current medications are not specified. Treatments to date include medication management. Work status is described as off work. The treatment plan included Temazepam for sleep difficulty and Naproxen for chronic headaches. The original utilization review (9-16-2015) partially approved a request for Temazepam #30 (original request was for #30 with one refill) to allow for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam cap 30mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter - Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Benzodiazepines.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines are 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. The MTUS Chronic Pain Medical Treatment Guidelines state that the range of action of benzodiazepines includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. In this case, temazepam is being prescribed for sleep difficulty, and per the MTUS Chronic Pain Medical Treatment Guidelines tolerance to tolerance to hypnotic effects develops rapidly. In addition, per ODG, "Adults who use hypnotics, including benzodiazepines such as temazepam, have a greater than 3-fold increased risk for early death, according to results of a large matched cohort survival analysis. The risks associated with hypnotics outweigh any benefits of hypnotics, according to the authors. In 2010, hypnotics may have been associated with 320,000 to 507,000 excess deaths in the U.S. alone. A dose-response effect was evident, with a hazard ratio of 3.60 for up to 18 pills per year, 4.43 for 18-132 pills per year, and 5.32 for over 132 pills per year. (Kripke, 2012)" ODG also notes that the use of benzodiazepines to treat insomnia or anxiety may increase the risk for Alzheimer's disease (AD). (Billioti, 2014) Given these factors, the request for Temazepam cap 30mg #30 is not medically necessary and appropriate.