

Case Number:	CM15-0194896		
Date Assigned:	10/08/2015	Date of Injury:	08/11/2009
Decision Date:	11/18/2015	UR Denial Date:	09/29/2015
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: North Carolina

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 50 year old male who sustained an industrial injury August 11, 2009. According to a treating physician's follow-up report dated July 28, 2015, the injured worker had been treated for injury involving his back and treated for a psychological issue as well. He has completed 10 of 10 certified cognitive behavioral therapy sessions and 6 out of 6 biofeedback sessions from September 14, 2014 to July 16, 2015. In the past, he received 17 sessions of supportive individual therapy, mostly group psychotherapy sessions from September 4, 2012 to March 12, 2013. The injured worker reported a reduction in depressive mood with depressive thinking and feeling empty and inadequate, and an increase in activities such as shaving, bathing regularly, and brushing his teeth. There is noted improvement in panic; fewer panic attacks, agoraphobia, and terror, fear of immediate death, choking and derealization. His sleep disturbance has improved with better sleep due to a reduction in depression with fewer nightmares. There is noted improvement in his ability to concentrate and his energy level to go out more. Despite the improvements he remains symptomatic with residuals requiring further treatment in the areas of depression, anxiety and insomnia, stress intensified headache, neck shoulder back tension, nausea and vomiting, chest pain with palpitations, abdominal pain and cramping, and alternating constipation and diarrhea. Beck Depression Index score is 24. Beck hopelessness scale is 16. The Insomnia Severity Index revealed a total score of 13. He reports anxiety about going back to work, and that those at work have a sense of dislike for his religion, mistreatment by manager and a hostile work environment. Diagnoses are unspecified depressive disorder; generalized anxiety disorder. At issue, is the request for authorization for Linzess and

Temazepam. According to utilization review dated September 29, 2015, the request for Temazepam 30mg (1) QHS (at hour of sleep) x 30 and Linzess 145mg (1) QD (every day) PRN (as needed) x 30 are non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 30 mg Qty 30, 1 every night: Upheld

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

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

Decision rationale: The California chronic pain medical treatment guidelines section on benzodiazepines states: 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. (Baillargeon, 2003) (Ashton, 2005) The chronic long-term use of this class of medication is recommended in very few conditions per the California MTUS. There is no evidence however of all failure of first line agent for the treatment of anxiety or Insomnia in the provided documentation. For this reason the request is not medically necessary.

Linzess 145 mg Qty 30, 1 daily as needed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation URL [www.drugs.com/pro/linzess.html#indications].

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, Linzess.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The physician desk reference states that the requested medication is indicated in the treatment of irritable bowel syndrome-C and constipation. The patient does not have these diagnoses due to industrial incident. There is no documented objective benefit with this medication for the patient. Therefore the request is not medically necessary.