

Case Number:	CM15-0197934		
Date Assigned:	10/13/2015	Date of Injury:	10/28/2007
Decision Date:	11/24/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/08/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 61-year-old male who sustained an industrial injury on 10-28-2007. Diagnoses related to this request have included depressive disorder, and reports of anxiety, worry, and inability to sleep. Diagnostic examination 8-26-2015 revealed severe level anxiety with a score of 36, and severe depression at 33 on the Beck Anxiety and Depression inventories. The Beck hopelessness scale was scored at 15 which is also considered severe. The progress report 6-30-2015 had noted social withdrawal, loss of interest, diminished activity and decreased motivation. Documented treatment includes psychotherapy, and psychotropic medication including Restoril which was started in 2-2015. Other medication includes Prozac, Wellbutrin and Remeron. The physician's note states that Restoril enables him to fall asleep after lying for 10 minutes and maintain sleep for 6 to 7 hours which he cannot do without the medication. The treating physician's plan of care includes a refill of Restoril 30 mg, which was denied on 9-28-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril 30mg: 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.

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, Temazepam and Other Medical Treatment Guidelines Temazepam (Restoril) package insert.

Decision rationale: Temazepam is a benzodiazepine. MTUS states regarding benzodiazepine, 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. ODG also notes not recommended and Criteria for use if provider & payer agree to prescribe anyway: 1) Indications for use should be provided at the time of initial prescription. 2) Authorization after a one-month period should include the specific necessity for ongoing use as well as documentation of efficacy. Medical records indicate that the patient has been on benzodiazepines far in excess of 4 weeks. The original utilization review modified the request for purposes of weaning, which was appropriate. As such, the request for RESTORIL 30MG is not medical necessary.