

Case Number:	CM15-0206772		
Date Assigned:	10/23/2015	Date of Injury:	03/20/1996
Decision Date:	12/08/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/20/2015

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: Physical Medicine & Rehabilitation

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 75-year-old male who sustained an industrial injury on 3-20-1996 and has been treated for lumbar pain and radiculopathy, insomnia, and he is status post bilateral knee replacement. The medical records indicate that the injured worker has been treated for insomnia since at least 2011 when he was being prescribed Lunesta. In 2013, Lunesta was discontinued. He has been treated with Temazepam noted in the medical record to help with sleep since at least 2014. The amount of hours or quality of sleep with and without medication is not noted. Other medication the injured worker is being treated with for injury-related symptoms includes Norco and Soma. At the 9-11-2015 visit, it is noted that sleep hygiene education was provided to the injured worker. A previous diagnostic Insomnia severity Index provided in the medical record dated 3-28-2014 scored the injured worker at 10 with "subthreshold insomnia." The treating physician's plan of care includes tapering the injured worker off Temazepam by decreasing the dose by approximately 10 percent every 1-2 weeks. A request for #30 15 mg Temazepam was requested on 9-30-2015, but this was modified to #25 on 10-7-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 15mg, #30 with 2 refills: 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 current request is for Temazepam 15mg, #30 with 2 refills. The RFA is dated 09/30/15. Treatment history includes bilateral knee replacement, physical therapy, knee injections and medications. The patient is not working. MTUS Guidelines, Benzodiazepines section, page 24 states: 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 rapid. Per report 09/11/15, the patient presents with chronic low back pain, and insomnia. A diagnostic Insomnia Severity Index dated 03/28/14 scored the patient at 10 with "subthreshold insomnia." The treating physician's plan of care included tapering the patient off Temazepam by decreasing the dose by approximately 10 percent every 1-2 weeks. The patient has been prescribed Temazepam since at least October of 2014. The Utilization Review letter dated 10/07/15 modified the certification from the requested #30 with 2 refills to #25 with no refills, to allow for weaning. The UR's modification of approval was reasonable. In regard to the request for a 3 month supply of Temazepam for weaning purposes, the current request exceeds what is recommended by MTUS. Such long-term course of treatment with Benzodiazepines carries a risk of dependence and loss of efficacy, and is not supported by guidelines. Therefore, the request is not medically necessary.