

Case Number:	CM15-0209337		
Date Assigned:	10/28/2015	Date of Injury:	05/17/2011
Decision Date:	12/08/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/23/2015

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

Certification(s)/Specialty: Internal Medicine, 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 47 year old male, who sustained an industrial injury on 05-17-2011. A review of the medical records indicates that the worker is undergoing treatment for lumbar spine disc bulges, right knee strain and depressive disorder with anxiety. Treatment has included Temazepam (since at least 04-28-2015), Tramadol, Methocarbamol, Ibuprofen, Hydrocodone- APAP, Fluoxetine, physical therapy and psychological treatment sessions. In a psychological report dated 02-03-2015 the worker reported severe back pain with depression, anxiety and difficulty sleeping. The worker reported sleeping 4-5 hours a night and that pain did not allow him to sleep. In a qualified medical psychiatric and psychological evaluation report dated 04-28- 2015, subjective complaints included severe back pain rated as a 9 out of 10, severe depression and anxiety and sleep difficulties. The worker reported difficulty falling asleep and staying asleep and was noted to sleep 5-6 hours per night compared with sleeping 8-9 hours per night prior to his injury. The physician noted that the worker was taking Temazepam for sleep. The worker reported difficulty sleeping even after taking the appropriate medication. The Epworth sleepiness scale score was documented as 2 where a score of 6 or less was noted as being good. The Beck anxiety inventory score was documented as 15, indicating symptoms of mild to moderate anxiety. The most recent progress notes on 07-29-2015, 07-31-2015 and 10-09-2015 noted continued severe low back pain but there was no discussion of the injured worker's sleep issues. A utilization review dated 10-08-2015 non-certified a request for Temazepam 15 mg qty 30 1 po @ hs prn for insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 15 mg qty 30 1 po @hs prn for insomnia: 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) Mental Illness and Stress Chapter, Insomnia treatment.

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

Decision rationale: This 47 year old male has complained of low back pain, right knee pain, depression and anxiety since date of injury 5/17/2011. He has been treated with physical therapy and medications to include Temazepam since at least 04/2015. The current request is for Temazepam. Per the MTUS guideline cited above, benzodiazepines are not recommended for long term use (no longer than 4 weeks) due to unproven efficacy and significant potential for dependence. On the basis of the MTUS guideline cited above, Temazepam is not indicated as medically necessary in this patient.