

Case Number:	CM15-0209777		
Date Assigned:	10/28/2015	Date of Injury:	05/11/2015
Decision Date:	12/17/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/26/2015

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, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

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 32 year old male, who sustained an industrial injury on 5-11-15. The documentation on 9-10-15 noted that the injured worker had undergone psychological follow-up examination on 9-3-15. The documentation noted that a prior comprehensive psychological report issued from 6-30-15 noted that the injured worker was found to be too beset by stress-aggravated pain and disability and too depressed, anxious, insecure, withdrawn and panicky to work. The documentation on 9-10-15 noted that the injured workers thought processes appeared pressured, anxious and disturbed when describing the persistent pain and disability involving his chest and ribs. The injured worker has fears about his continued intractable pain in his ribs. The injured worker also continued post-traumatic reactions of anxiety, fear, intrusive recollections, phobic-like aversions, attention and concentration problems and hypervigilance. The diagnoses have included post-traumatic stress disorder; generalized anxiety disorder; panic disorder without agoraphobia and psychological factors affecting medical condition (stress-intensified neck, shoulder, back muscle tension and pain). Computerized tomography (CT) scan of the brain without contrast revealed no evidence of acute intracranial pathology and the brain is normal in appearance. Treatment to date has included four cognitive behavioral therapy from 6-26-15 to 8-7-15. The documentation noted that the injured worker had administration of the Insomnia Severity Index (ISI) which is endorsed on a 5 point scale and the injured worker scores a 25 that indicated moderate insomnia according the ISI scoring criteria. The original utilization review (10-16-15) non-certified the request for temazepam 15mg, 12 every bedtime #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 15mg, #60: 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: MTUS states 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been prescribed Temazepam nightly on an ongoing basis for insomnia with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. Thus, the request for Temazepam 15mg, #60 is excessive and not medically necessary.