

Case Number:	CM15-0027031		
Date Assigned:	02/19/2015	Date of Injury:	01/22/1996
Decision Date:	04/06/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/12/2015

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: Internal Medicine

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 72 year old male, who sustained an industrial injury on January 22, 1996. The diagnoses have included joint disorder, depressive psychosis, rotator cuff syndrome, and adjustment reaction-mixed emotion. Treatment to date has included steroid injections, medication, and diagnostic studies. Currently, the injured worker complains of a lot of problems with her left shoulder. A steroid injection helped for a period of time, but her shoulder has worsened and she could barely life her arm. She has had to use her right hand to help lift her left hand. Her affect and mood was depressed. On February 26, 2015 Utilization Review non-certified a request for temazepam 30 mg #30, noting that previous use of this medication allowed for documentation of derived symptomatic or function improvement or to initiate the weaning process; and modified requests for trazodone 100 mg #60, and alprazolam .5 mg #60, noting that there is insufficient documentation contraindicating other guideline-supported treatments for depression and insomnia and noted that alprazolam is modified to initiate the weaning process. The California Medical Treatment Utilization Schedule and the Official Disability Guidelines were cited. On February 12, 2015, the injured worker submitted an application for IMR for review of trazodone 100 mg #60, temazepam 30 mg #30, and alprazolam .5 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trazodone 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-16. Decision based on Non-MTUS Citation California's Division of Worker's Compensation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress - Trazodone (Desyrel). Official Disability Guidelines (ODG) Pain (Chronic) Insomnia treatment.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Trazodone. Official Disability Guidelines (ODG) state that there is limited evidence to support the use of Trazodone for insomnia. Evidence for the off-label use of Trazodone for treatment of insomnia is weak. There is no clear-cut evidence to recommend Trazodone first line to treat primary insomnia. The recommendation is to discontinue the medication after a few weeks. Prescribing medication indefinitely will not work. Patients do better if medication is stopped after 6 weeks. Medical records document the long-term use of Trazodone, which is not supported by ODG guidelines. Therefore, the request for Trazodone is not medically necessary.

Temazepam 30mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Restoril (Temazepam), Benzodiazepines.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 24) states that 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. ODG guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). Benzodiazepines are not recommended as first-line medications by ODG. ODG guidelines states that Restoril (Temazepam) is not recommended. Medical records document the long-term use of the benzodiazepine Temazepam (Restoril). MTUS guidelines do not support the long-term use of benzodiazepines. ODG guidelines do not recommend the long-term use of benzodiazepines. ODG guidelines indicates that Restoril (Temazepam) is not recommended. Therefore the request for Temazepam is not supported by clinical practice guidelines. Therefore, the request for Temazepam is not medically necessary.

Alprazolam .5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Benzodiazepines.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 24) states that 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. ODG guidelines state that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). Benzodiazepines are not recommended as first-line medications by ODG. Medical records document the long-term use of the benzodiazepine Alprazolam (Xanax). MTUS guidelines do not support the long-term use of benzodiazepines. ODG guidelines do not recommend the long-term use of benzodiazepines. Therefore the request for Alprazolam is not supported by clinical practice guidelines. Therefore, the request for Alprazolam is not medically necessary.