

<b>Case Number:</b>	CM15-0028231		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	09/27/2004
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	02/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/16/2015

### 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, Hawaii

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 49 year old female, who sustained an industrial injury on September 27, 2004. The injured worker had reported a low back injury. The diagnoses have included lumbar disc protrusion, lumbar strain and major depression, single episode. Treatment to date has included pain medication, psychiatric treatment, psychological treatment, trigger point injections, physical therapy, acupuncture treatment and exercise. Current documentation dated January 22, 2015 notes that the injured worker reported struggling with poor sleep and has initiated Melatonin every night for sleep. Physical examination revealed a guarded and withdrawn demeanor and impaired concentration. The injured worker was noted to be very anxious. Planned treatment was to place the injured worker on Temazepam for sleep. On February 6, 2015 Utilization Review non-certified a request for Temazepam 15 mg # 30. The MTUS, Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, were cited. On February 16, 2015, the injured worker submitted an application for IMR for review for Temazepam 15 mg # 30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Temazepam cap 15mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Restoril. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The patient presents with depression, anxiety, as well as upper and lower back pain. The current request is for Temazepam cap 15 mg #30. The treating physician documents that the patient suffers from depression and anxiety and states, "Without medications: the patient is able to: stay in bed at least half the day. Have no contact with the outside world." The MTUS guidelines state, "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. A more appropriate treatment for anxiety disorder is an antidepressant." In this case, the treating physician has prescribed the patient multiple sleeping and depressive medications with mixed results and the prescription for Temazepam has not been prescribed for short term usage. The current request is not medically necessary and the recommendation is for denial.