

Case Number:	CM15-0029916		
Date Assigned:	02/23/2015	Date of Injury:	11/28/2007
Decision Date:	04/15/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/17/2015

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, Texas

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction 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 49 year old female, whose date of injury is 11/28/2007. She reports injuring her back while going downstairs in a fire drill. Diagnoses include post lumbar 4-5 discectomy, multi-level disc herniation, kyphosis and lumbosacral radiculopathy, depressive disorder NEC, and psychological factors associated with diseases classified elsewhere. Treatments to date include heat, massage, physical therapy, epidural steroid injection, acupuncture, chiropractic care and back brace. A progress note from the treating provider dated 1/19/2015 indicates the injured worker reported continued low back pain. On 2/2/2015, Utilization Review non-certified the request for Temazepam 15 mg #60 with 2 refills. Prior UR of 12/23/14 and 08/25/14 show that the patient is on Cymbalta 60mg BID and Seroquel 25mg HS as augmentation to her antidepressant and as a mood stabilizer.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 15mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA-MTUS Official Disabilities Guidelines Mental Illness & Stress Insomnia treatment.

Decision rationale: Temazepam is an intermediate acting sedative-hypnotic in the benzodiazepine class, which are not recommended for long term. It has not been determined if the patient's sleep disturbance is primary or secondary, based on records provided for review. In addition, the patient is on Seroquel as augmentation to her antidepressant and as a mood stabilizer. Seroquel is often used off label to treat insomnia due to its sedating properties. Given the factors above, this request is therefore noncertified.