MAXIMUS Federal Services

Case Number:	CM15-0214206		
Date Assigned:	11/04/2015	Date of Injury:	05/24/2012
Decision Date:	12/21/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	10/30/2015

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: New York, Tennessee
Certification(s)/Specialty: Emergency 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:

This is a 56-year-old male with a date of industrial injury 5-24-2012. The medical records indicated the injured worker (IW) was treated for major depressive disorder. At his 4-14-15 office visit, Lunesta was discontinued and changed to Belsomra 10 mg for insomnia; he was sleeping only three hours per night. His sleep was improved to four to five hours per night with Belsomra, according to the 5-14-15 notes. His appetite was better and he had gained some weight. His concentration was still poor. His mood and insomnia had worsened, as documented in the 6-17-15 notes. He was very irritable and was having difficulty sleeping. He was given samples of Belsomra, as it appeared his medications were not filled. In the 7-22-15 progress notes, his sleep was improved again, with Belsomra. His concentration was good, but he reported throwing and breaking things. His medication was changed to Ambien 10 mg. At the 8-20-15 visit, medication was changed again, back to Belsomra. At the 9-18-15 visit, Belsomra was changed again to Ambien. In the progress notes (10-15-15), the IW reported feeling depressed. He was frustrated about the inconsistency in medication refills by the insurance company. He was sleeping three to four hours per night again. He had occasional feelings of hopelessness and his energy and concentration was poor. He continued to deny suicidal or homicidal ideation. Medications were Latuda 40mg, Brintellix 20mg and Ambien; Ambien was changed at this visit to Restoril 30mg. No objective findings were documented. Treatments included physical therapy and psychological therapy. The IW was not working. A Request for Authorization was received for Restoril 30mg #20. The Utilization Review on 10-23-15 modified the request for Restoril 30mg #20.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril 30mg #20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Pain (Chronic) Weaning of Medications-Weaning, Benzodiazepines (specific guidelines).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Insomnia Treatment.

Decision rationale: Restoril is the medication temazepam, an FDA-approved benzodiazepine for sleep maintenance insomnia. This medication is only recommended for short-term use of two weeks due to risk of tolerance, dependence, and adverse events (daytime drowsiness, anterograde amnesia, next-day sedation, impaired cognition, impaired psychomotor function, and rebound insomnia). Benzodiazepines have been associated with sleep-related activities such as sleep driving, cooking and eating food, and making phone calls (all while asleep). Particular concern is noted for patients at risk for abuse or addiction. Withdrawal occurs with abrupt discontinuation or large decreases in dose. In this case, the patient was prescribed the medication in October 2015. The quantity of medication requested is sufficient for 20 days. This surpasses the recommended maximum of 2 weeks. The request is not medically necessary and should not be authorized.