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| <b>Case Number:</b>   | CM15-0040147 |                              |            |
| <b>Date Assigned:</b> | 03/10/2015   | <b>Date of Injury:</b>       | 06/22/2000 |
| <b>Decision Date:</b> | 04/13/2015   | <b>UR Denial Date:</b>       | 02/25/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/03/2015 |

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 (IW) is a 58 year old male, who sustained an industrial injury on 06/22/2000. He reported severe neck pain radiating to the right shoulder, and severe low back pain. The injured worker was diagnosed as having depression, insomnia, anxiety, cervical strain, cervical spondylosis C4 - C5, and C5-C6, Lumbar strain, degenerative disc with small disc protrusion and annular tear L5-S1, possible temporomandibular joint syndrome, status post right shoulder surgery x3, status post revision right shoulder surgery. The IW reached Maximal Medical Improvement on 08/22/2012. Treatment to date has included surgeries and medications. Currently, the injured worker complains of back pain and feeling anxious, angry, and having difficulty concentrating. The IW had a psychiatric consultation 01/06/2015 in which his Zoloft dosage was increased to 100 mg each morning, and his Temazepam 30 mg was increased to 2 at bedtime.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Temazepam 30mg #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (chronic), Benzodiazepines.

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on benzodiazepines states: Benzodiazepines 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. (Baillargeon, 2003) (Ashton, 2005). The chronic long-term use of this class of medication is recommended in very few conditions per the California MTUS. There is no evidence however of failure of first line agent for the treatment of anxiety in the provided documentation. For this reason, the request is not certified.

**Zoloft 100mg, unknown quantity:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines antidepressants.

**Decision rationale:** The California MTUS section on antidepressants in the treatment of neuropathic pain states they are first line treatment options. The patient has both neuropathic pain and depression. Therefore the requested medication is medically warranted and necessary. The request is certified.