

<b>Case Number:</b>	CM15-0054438		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	11/17/2011
<b>Decision Date:</b>	05/04/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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, Arizona, Maryland  
Certification(s)/Specialty: 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 59-year-old male, who sustained an industrial injury on 11/17/2011. The initial complaints or symptoms included a stabbing wound to the neck and back after being assaulted by two students. The initial diagnoses were not mentioned in the clinical notes. It was noted in the clinical notes that this injured worker had previously experienced abusive/assaulting events with students. Treatment to date has included conservative care, medications, and psychiatric/psychological therapy. Currently, the injured worker has reportedly had ongoing suicidal and homicidal ideations, difficulty sleeping, and other major depressive symptoms with psychotic features. There were no recent exams; however, a letter from the treating physician reports that the injured worker has been out of his medications since early February 2015. The most current diagnoses include major depression with psychotic features, and post-traumatic stress disorder. The treatment plan consisted of continued medications (temazepam and divalproex), and continued psychiatric therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tamazepam 30mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topic: Benzodiazepine, Weaning of medications Page(s): 24, 124.

**Decision rationale:** MTUS states, 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been prescribed Temazepam 30 mg on an ongoing basis with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. The request for Temazepam 30 mg #30 is not medically necessary.