

Case Number:	CM15-0230685		
Date Assigned:	12/04/2015	Date of Injury:	08/10/1997
Decision Date:	01/08/2016	UR Denial Date:	10/28/2015
Priority:	Standard	Application Received:	11/24/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 is a 57 year old female, who sustained an industrial injury on 8-10-1997. The medical records indicate that the injured worker is undergoing treatment for fibromyalgia, carpal tunnel syndrome, bilateral knee pain, discogenic syndrome of the lumbar spine, depression, iliopsoas muscle spasm, arthritis, and myofascial trigger point. According to the progress report dated 8-31-2015, the injured worker presented with complaints of ongoing pain in the neck and shoulders. In addition, she reports insomnia. The treating physician noted that "The Restoril is helpful in allowing a normal sleep cycle." The physical examination reveals neck and shoulder pain, worse on the right, bilateral hand arthritis and grip weakness, neck spasm (5 out of 10), bilateral radicular leg pain, bilateral knee pain, and arthritis. The current medications are Seroquel, Zoloft, Neurontin, Celebrex, Kadian, Restoril (since at least 6-8-2015), Dexedrine, and Xanax. Treatments to date include medication management. Work status is not indicated. The original Utilization Review (10-28-2015) had non-certified a retrospective request for temazepam 15mg #60 (DOS: 9-25-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Temazepam 15mg, #60 DOS: 9/25/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Insomnia treatment.

Decision rationale: According to the cited MTUS guidelines, benzodiazepines (e.g. Temazepam) are not recommended for long-term use because long-term efficacy is unproven and there is significant risk of dependence. Chronic benzodiazepines are the treatment of choice in very few conditions and not indicated for use in sleep related issues. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Per ODG, FDA-approved benzodiazepines for sleep maintenance insomnia include Temazepam; however, it is only recommended for short-term use due to risk of tolerance, dependence, and adverse events. In this case, the injured worker's records indicate that she has been on Temazepam long-term for sleep impairment. Based on the cited guidelines and medical records available, Temazepam 15mg #60 (DOS: 9-25-2015) is not medically necessary or appropriate.