

<b>Case Number:</b>	CM15-0241357		
<b>Date Assigned:</b>	12/18/2015	<b>Date of Injury:</b>	08/08/2011
<b>Decision Date:</b>	01/22/2016	<b>UR Denial Date:</b>	11/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2015

### 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, Indiana, New York  
Certification(s)/Specialty: Internal 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:

The injured worker is a 45 year old male, who sustained an industrial injury on 08-08-2011. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for depression. Medical records (06-08-2015 to 10-27-2015) indicate ongoing agitation, frustration, anger, depression, panic, exhaustion, and difficulty sleeping. Records also indicate some improvement in activity levels. Per the treating physician's progress report (PR), the IW has not returned to work. The psychiatric exam, dated 10-27-2015, revealed frustration, anger and depression. Relevant treatments have included: psychiatric and psychological therapy, work restrictions, and medications. The IW reported that the Temazepam was not working; therefore his dose was increased from 15mg to 30mg on 10-27-2015. The request for authorization (11-04-2015) shows that the following medication was requested: Temazepam 30mg at bedtime (3 month supply). The original utilization review (11-11-2015) non-certified the request for Temazepam 30mg at bedtime (3 month supply).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Temazepam 30 mg at Hours Of Sleep (Qhs) 3 Month Supply: 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 section, Benzodiazepines.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, temazepam (Restoril) 30 mg at hours of sleep (QHS), three month supply is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. The Official Disability Guidelines do not recommend Restoril. In this case, the injured worker's working diagnosis is mood disorder. Date of injury is August 8, 2011. The request for authorization is September 28, 2015. According to a June 8, 2013 psychiatric progress note, the injured worker's medications included trazodone and Celexa. According to a September 28, 2015 progress note, the injured worker's symptoms are about the same. The worker is not sleeping and complained of depression. Celexa was increased to 40 mg. The treating provider changed trazodone Restoril (temazepam). Temazepam is not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. The treating provider requested a three-month supply in excess of the recommended guidelines for short-term use. The Official Disability Guidelines do not recommend Restoril. Based on clinical information and medical record and peer-reviewed evidence-based guidelines, temazepam (Restoril) 30 mg at hours of sleep (QHS), three month supply is not medically necessary.