

<b>Case Number:</b>	CM14-0148852		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	11/05/2010
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 67-year-old man who sustained an industrial injury to his head, neck, and psyche on November 5, 2010. The injuries occurred when he lost control of the mixer truck he was driving down a hill. The truck went over the edge, down a 30-foot embankment and flipped over. The injured worker has undergone a 3-year course of treatment for head, neck and psychiatric complaints, which has included emergent care and stabilization, physical therapy, acupuncture, cervical medial branch blocks, cognitive behavioral therapy, pain medications, and psychotropic medications and management. The IW has been maintained on a regimen of psychotropic agents for anxiety, depression and sleep disorder including Lorazepam, Temazepam, Viibryd, Paroxetine, and Quetiapine. The IW has been diagnosed with major depressive disorder and recurrent with anxiety. Review of recent progress notes indicate that the IW sleeps approximately 5 to 6 hours at night and takes daytime naps. Despite the noted course of treatment, the IW has remained symptomatic and functionally impaired. A recent review of psychotropic medications was completed with recommendations for weaning of benzodiazepines including Temazepam, for which the treating psychiatrist agreed to begin. A current request is made by another provider for continued support for Temazepam, as weaning does not appear to have occurred.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Temazepam 30mg, Days: 30, Qty: 30 (for purposes of taper): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (web: updated 7/10/14)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Benzodiazepines

**Decision rationale:** Pursuant to the Official Disability Guidelines, Temazepam 30 mg for 30 days #30 (for purposes of taper) is not medically necessary. The Official Disability Guidelines provides limited support for brief treatment courses utilizing sleeping medications. Temazepam is a benzodiazepine. The guidelines do not recommend long-term treatment with most all of these medications due to lack of proven efficacy and safety. The guidelines note that benzodiazepines such as Restoril (Temazepam) are recommended for treatment of secondary insomnia only for short-term use due to risk of tolerance, dependence and adverse events (daytime drowsiness, anterograde amnesia, next a sedation etc.). Particular concern is noted for patients at risk for abuse or addiction. In this case, the injured worker states he sleeps 5 to 6 hours per night and takes daytime naps. Additionally, a recent review of the record reported the benzodiazepines were to be tapered. Also, it appears the injured worker was seeing a second physician who made current request to continue the Temazepam at the current dosing (weaning had not yet begun). There was no additional documentation in the medical record indicating compelling evidence or rationale for treatment outside of the guidelines. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Temazepam 30 mg, 30 days #30 (for purposes of taper) is not medically necessary.