

Case Number:	CM14-0211609		
Date Assigned:	12/24/2014	Date of Injury:	05/05/2011
Decision Date:	02/28/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 patient is a 58 year old male who was injured on 5/5/2011. There are diagnoses are lumbar spondylosis, major depression, insomnia, anxiety, adjustment disorder and chronic pain syndrome. The patient is participating on group psychotherapy, individual psychotherapy and cognitive behavioral therapy which are reported to be beneficial. On 8/27/2014, [REDACTED] noted that the patient was on Norco, Ultram, Neurontin and FexMed for pain management. On 11/7/2014, [REDACTED] noted subjective complaint of daytime tiredness and insomnia. A comprehensive sleep study investigation is pending. A UDS dated 11/21/2014 was positive for hydrocodone but inconsistent for negative benzodiazepine. The medications listed are Seroquel, Wellbutrin, Trazodone, Temazepam. A Utilization Review determination was rendered on 11/13/2014 recommending modified certification for Temazepam 15mg # 20 to #10 for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 15 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24, 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Insomnia Treatment Mental Illness and Stress.

Decision rationale: The CA MTUS and the ODG guidelines recommend that the use of hypnotics and sleep medications should be limited to short term period pending evaluations of treatable causes of insomnia. The chronic use of benzodiazepines is associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with opioids and other sedatives. The records indicate that the patient had utilized Temazepam longer than the maximum guidelines recommended 4 weeks period. The UDS did not show positive compliance monitoring for benzodiazepines. The patient is also utilizing opioids and multiple sedatives concurrently. The criteria for the use of Temazepam 15mr #30 were not met.