MAXIMUS Federal Services

Case Number:	CM14-0215981		
Date Assigned:	01/06/2015	Date of Injury:	11/20/2001
Decision Date:	02/28/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/23/2014

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: 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 claimant is a 57 yo male who sustained an industrial injury on 11/20/2001. The mechanism of injury occurred when he slipped between 2 beams injuring his left knee. His diagnoses included left knee pain, depression and anxiety. He continues with complaints of depression and anxiety. On exam he has evidence of visible anxiety and verbalizes continued depressive symptoms. There is still pain with range of motion of the left knee. Treatment has included medical therapy, physical therapy, chiropractic treatments and injections.The treating provider has requested Temazepam 30mg #30 with 2 refills, Xanax 0.5mg # 30 with 2 refills, and Tyelenol #4 90 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 30mg, #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Insomnia Page(s): 24. Decision based on Non-MTUS Citation Medscape Internal Medicine 2012 Treatment of Insomnia

Decision rationale: Temazepam (brand name Restoril) is an intermediate-acting 3-hydroxy hypnotic of the benzodiazepine class of psychoactive drugs. Temazepam is approved for the short-term treatment of insomnia. Long-term use is not recommended as there are associated risks of impaired function and memory with use more than opioids, as well as Temazepam may be habit forming. Medical necessity for the requested treatment has not been established. The requested treatment is not medically necessary.

Xanax 0.5mg, #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

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

Decision rationale: Alprazolam (Xanax) is a short-acting benzodiazepine drug having anxiolytic, sedative, and hypnotic properties. The medication is used in conjunction with antidepressants for the treatment of depression with anxiety, and panic attacks. Per California MTUS Guidelines, benzodiazepines are not recommended for long-term use for the treatment of chronic pain because long-term efficacy is unproven and there is a risk of dependency. Most guidelines limit use to four weeks. The medical documentation indicates the claimant has continued symptoms of depression with anxiety and sleep issues related to the work injuries. The claimant is not maintained on any anti-depressant medication. He would benefit from a mental health evaluation to determine the appropriate medical therapy for his depression, anxiety and sleep issues. Medical necessity for the requested medication, Xanax has not been established. The requested treatment is not medically necessary.

Tylenol #4, QTY: 90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Analgesics Page(s): 80, 81 & 92.

Decision rationale: There is no documentation provided necessitating the continued use of Tylenol #4 for the claimant's chronic pain condition. The literature indicates that in chronic pain analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs. Opioid therapy for pain control should not exceed a period of 2 weeks and should be reserved for moderate to severe pain. The failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence indicating significant trials of non-opiate medication used for the treatment of chronic pain have been tried

prior to the requested continued opiate therapy. There is also no documentation from the provider indicating a specific clinical rationale for the requested medication. The patient would benefit from a multidisciplinary approach to his chronic pain condition. Medical necessity for the requested item has not been established. The requested treatment is not medically necessary.