

<b>Case Number:</b>	CM15-0000620		
<b>Date Assigned:</b>	01/12/2015	<b>Date of Injury:</b>	02/21/2014
<b>Decision Date:</b>	03/09/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 52 year old female, who sustained an industrial injury on 02/21/2014. She had reported an injury to her psyche. The diagnoses have included post traumatic stress disorder, tension headache, irritable bowel syndrome, and osteoporosis. Treatments to date have included psychiatric treatment, chiropractic therapy, and medications. Diagnostics to date have included multiple sleep latency testing on 08/07/2014, which showed no evidence of significant obstructive sleep apnea or periodic leg movements. Currently, the IW complains of difficulty initiating sleep, frequently feeling fatigued, frequent awakenings, and waking up with a headache. On 12/08/2014, the injured worker submitted an application for IMR for review of 60 Temazepam 15mg with 2 refills. On 12/15/2014, Utilization Review modified the above request to 50 Temazepam 15mg with 0 refills noting that Temazepam is not a first-line recommended treatment for insomnia due to risk of tolerance and dependence along with other serious adverse events associated with this medication. In addition, guidelines do not recommend the long term use of benzodiazepines for the treatment of insomnia. The MTUS, ACOEM Guidelines, (or ODG) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 Temazepam 15mg with 2 Refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG, Mental Illness & Stress

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

**Decision rationale:** Temazepam (Restoril) is a benzodiazepine hypnotic often prescribed for the treatment of anxiety/ insomnia. Per the MTUS Chronic Pain Treatment Guidelines, chronic benzodiazepines are the treatment of choice in very few conditions with tolerance to hypnotic effects developing rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. Submitted reports have not demonstrated any objective clinical findings of specific sleep issues, how use of this sedative/hypnotic has provided any functional improvement from treatment already rendered, and previous failed first-line pharmacological treatment for this chronic February 2014 injury. Recent request for Temazepam was modified for weaning as stating this medication is not the first line treatment for insomnia. The 60 Temazepam 15mg with 2 Refills is not medically necessary and appropriate.