

Case Number:	CM15-0111302		
Date Assigned:	06/17/2015	Date of Injury:	07/26/2003
Decision Date:	07/20/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/09/2015

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: New Jersey, Alabama, California

Certification(s)/Specialty: Neurology, Neuromuscular 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 48 year old male who sustained an industrial injury on 07/26/2003. Mechanism of injury occurred when a buggy full of drywall tipped over and the material fell on his chest and pinned to a wall for about 10 minutes. Diagnoses include major depressive disorder-single episode-severe without psychotic features, and pain disorder with both psychological factors and a general medical condition. Treatment to date has included diagnostic studies, medications, mental health therapy, and trigger point injections. Current medications include Abilify, Cymbalta, Temazepam and Vistaril. A physician progress note dated 04/03/2015 documents the injured worker has been trying to maintain emotional stability despite the lack of medication authorization from the insurance for several months now. He struggles with feelings of frustration and anger due to physical pain. He is in a distressed state, and shifted position in his seat frequently to relieve discomfort during the session. He exhibited difficulty with memory and concentration. He ambulates with the assistance of a cane. The treatment plan is for individual psychotherapy in Spanish 2 times a week, group therapy in Spanish two times a week, psychopharmacology management 1 time a month, for the next three months. He is in need of 24/7 homecare by a skilled LVN and transportation to all medical appointments. The treatment plan includes the medications Abilify, Vistaril, and Cymbalta. Treatment requested is for Temazepam 15 MG #15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 15 MG #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia section.

Decision rationale: According to ODG guidelines and in the treatment of insomnia section, “Recommend that treatment be based on the etiology, with the medications recommended below. See Insomnia. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. Pharmacologic Treatment: There are four main categories of pharmacologic treatment: (1) Benzodiazepines; (2) Non-benzodiazepines; (3) Melatonin & melatonin receptor agonists; & (4) Over-the-counter medications. The majority of studies have only evaluated short-term treatment (i.e. 4 weeks) of insomnia; therefore, more studies are necessary to evaluate the efficacy and safety of treatments for long-term treatment of insomnia. In 2007, the FDA requested that manufacturers of all sedative-hypnotic drugs strengthen product labeling regarding risks (i.e., severe allergic reactions and complex sleep-related behaviors, such as sleep driving). It is recommended that treatments for insomnia should reduce time to sleep onset, improve sleep maintenance, avoid residual effects and increase next-day functioning. (1) Benzodiazepines: FDA-approved benzodiazepines for sleep maintenance insomnia include Estazolam (ProSom), Flurazepam (Dalmane), Quazepam (Doral), and Temazepam (Restoril). Triazolam (Halcion) is FDA-approved for sleep-onset insomnia. These medications are only recommended for short-term use due to risk of tolerance, dependence, and adverse events (daytime drowsiness, anterograde amnesia, next-day sedation, impaired cognition, impaired psychomotor function, and rebound insomnia). These drugs have been associated with sleep-related activities such as sleep driving, cooking and eating food, and making phone calls (all while asleep). Particular concern is noted for patients at risk for abuse or addiction. Withdrawal occurs with abrupt discontinuation or large decreases in dose. Decrease slowly and monitor for withdrawal symptoms. Benzodiazepines are similar in efficacy to benzodiazepine-receptor agonists; however, the less desirable side-effect profile limits their use as a first-line agent, particularly for long-term use.” According to MTUS guidelines, benzodiazepines are not recommended for long term use for pain management because of unproven long term efficacy and because of the risk of dependence. Most guidelines limit their use to 4 weeks. There is no recent documentation of insomnia related to pain. The patient was using Temazepam for long time without clear benefit. Therefore, the request for Temazepam 15mg #15 is not medically necessary.