

Case Number:	CM15-0119816		
Date Assigned:	06/30/2015	Date of Injury:	01/19/2006
Decision Date:	07/31/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/22/2015

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: Preventive Medicine, Occupational 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 73-year-old male who sustained an industrial injury on 1/19/06. The injured worker was diagnosed as having cervical degenerative disc disease status post laminectomy C5-6 and C6-7, chronic low back strain, bilateral carpal tunnel syndrome status post carpal tunnel release surgery, right knee meniscus injury, major depressive disorder and insomnia type sleep disorder due to pain. Treatment to date has included surgery, IF unit, home exercise program and medication. Currently, the injured worker complained of low back pain, knee pain, ankle pain, persistent depressive symptoms and trouble sleeping. The treating physician requested authorization for Restoril 30mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restoril 30 mg QTY 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness & Stress - Benzodiazepines; Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Schutte-Rodin S, et al. Clinical Guideline for the Evaluation and Management of Chronic Insomnia in Adults. J Clin Sleep Med 2008; 4 (5): 487-504; and American Psychiatric Association Practice Guideline for the Treatment of Patients With Major Depressive Disorder, Third Edition, originally published in October 2010.

Decision rationale: Temazepam (Restoril) is an intermediate-acting hypnotic of the benzodiazepine class of psychoactive medication. It is indicated for short-term (usually about two to six weeks) treatment of insomnia. It is very effective in initiating sleep but has the drawback of causing abnormal sleep patterns. Insomnia is defined by the American Academy of Sleep Medicine (AASM) as the subjective perception of difficulty with sleep initiation, duration, consolidation, or quality that occurs despite adequate opportunity for sleep, and that results in some form of daytime impairment. It is the most prevalent sleep disorder in the general population. It requires a full work-up to understand its etiology and to direct therapy. The AASM guideline recommends any pharmacologic treatment for chronic insomnia be accompanied by cognitive and behavioral treatments. Additionally, it recommends use of benzodiazepines or GABA receptor agonist medications be used short term followed by other sedating agents such as sedating anti-depressants and atypical anti-psychotics. The American Psychiatric Association guidelines notes less evidence available to support treating insomnia in a depressed patient with a selective GABA agonist. This patient has been taking Restoril regularly for longer than 6 months and is still experiencing trouble sleeping. The provider implies this is due to his pain but a full evaluation for the etiology for his chronic insomnia has not been done. The medical necessity for continued use of this medication has not been established.