

Case Number:	CM15-0090341		
Date Assigned:	05/14/2015	Date of Injury:	07/12/2010
Decision Date:	06/16/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/11/2015

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: Texas, Florida, 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 56 year old female, who sustained an industrial injury on July 12, 2010. She reported a psyche injury. The injured worker was diagnosed as having unspecified back pain, nerve neuralgia (sciatica unspecified), gastritis other, nonorganic sleep disorder, other specified gastritis, and depression. Treatment to date has included psychotherapy and medications including antidepressant, hypnotic, anti-anxiety, and antipsychotic. On January 6, 2015, the injured worker complains of severe back pain, sciatica to her left hip and buttock, numbness in her feet, and nausea. Her anti-emetic helps her nausea and no medications seem to help her pain. The physical exam was unremarkable. The treating physician notes that she was tearful and frustrated. She has depression and seeing psych. The treatment plan includes anti-emetic, pain, proton pump inhibitor, and histamine 2 antagonist medications. The requested treatment is Temazepam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 15 mg #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain section, insomnia medicines.

Decision rationale: This claimant was injured 5 years ago. There are several diagnoses, including unspecified back pain, non-organic sleep disorder, gastritis and others. Past therapy has included hypnotic medicines. The MTUS is silent on this medicine. The ODG notes regarding sleeping medicines, only short-term use is advocated due to tolerance and addictive effects long term. The ODG notes: 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. (Lexi-Comp, 2008) 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. In this case, the degree, type and depth of insomnia is not known. It is not clear this is a short-term usage. The request is appropriately non-certified and is not medically necessary.