

<b>Case Number:</b>	CM13-0027855		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	10/26/1991
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 71-year-old male who reported an injury on 10/26/1991. The mechanism of injury was not provided in the medical records. The patient was diagnosed with depressive disorder not otherwise specified with anxiety and psychological factors affecting medical condition. The documentation submitted for review stated the patient had been defensive, guarded, complaining and flooding with details due to his depression, anxiety and agitation caused by pain and physical disabilities involving his upper extremities, shoulders, and back. The documentation submitted for review indicated the patient received Hydroxyz and Hydrocodone in the past, which was noted to be helpful. The patient also received a cortisone injection to the right shoulder, which diminished his pain for approximately three weeks

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ESTAZOLAM 2MG, WITH 2 REFILLS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, BENZODIAZEPINES, PAGE 24

**Decision rationale:** According to the California Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. The documentation provided noted that the patient had been taking Estazolam for an extended period of time. As the guidelines state that Estazolam is only recommended for short-term use due to its risk of tolerance and dependence, the request is not supported. Given the above, the request for Estazolam 2 mg with 2 refills is non-certified.