

Case Number:	CM14-0112014		
Date Assigned:	08/01/2014	Date of Injury:	10/07/2007
Decision Date:	10/01/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/18/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 56-year-old woman who sustained a work-related injury on June 16, 2014. She was subsequently diagnosed with depressive disorder and anxiety. According to a progress note dated on June 16, 2014 the patient was seen for a follow-up evaluation. She was complaining of the depression, change in appetite, sleep disturbance, and difficulty with thinking. She was also complaining to of diminished self-esteem. The her physical examination reported depressive facial expression and visible anxiety. The patient was on Celexa, principle and ProSom. The provider requested authorization to prescribe ProSom.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prosom 2mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16, 24.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: < Prosom <http://www.rxlist.com/prosom-drug.htm>

Decision rationale: ProSom (estazolam), a triazolobenzodiazepine derivative, is an oral hypnotic agent. There is no recent documentation of insomnia or sleep disorder in this patient.

There is no characterization of previous sleep problems and the response to non pharmacologic treatment. MTUS guidelines does not recommend the long term use of benzodiazepines because of the risk of dependence, tolerance and even the increase of anxiety if used to treat anxiety. Therefore, the prescription of ProSom is not medically necessary.