

Case Number:	CM14-0138308		
Date Assigned:	09/05/2014	Date of Injury:	12/29/2013
Decision Date:	11/05/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/26/2014

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 Psychiatry and is licensed to practice in California. 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:

Injured worker is a 25 year old female with date of injury 12/29/2013. Date of the UR decision was 7/24/2014. She was provided with treatment including physical therapy, chiropractic therapy, acupuncture and medication management for her back condition. Per report dated 7/7/2014, she developed depressive and anxious emotional complications of physical pain, disability and altered activities arising from industrial injuries involving primarily her low back. Report stated that she developed symptoms of mental disorder including depression, anxiety, irritability and insomnia, unprovoked crying episodes, weight gain, diminished sexual drive and deficits in attention, concentration and memory as a result of the events of injury at work. She was diagnosed with Episode of Mental Disorder Major Depressive Disorder, single episode, unspecified and Psychological Factors Affecting Medical Condition (stress intensified headache, neck/shoulder/back tension/pain and possible stress-aggravated asthma). The medications being prescribed for her were Bupropion 100 mg twice daily, Buspar 10 mg 1-2 times a day and Prosom 2 mg nightly for sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prosom 2mg #30 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 14-14.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental & Stress, Insomnia treatment

Decision rationale: Prosom (estazolam) is indicated for the short-term management of insomnia characterized by difficulty in falling asleep, frequent nocturnal awakenings, and/or early morning awakenings. Both outpatient studies and a sleep laboratory study have shown that Prosom administered at bedtime to improve sleep induction and sleep maintenance. There is evidence to support the ability of Prosom to enhance the duration and quality of sleep for Intervals up to 12 weeks. However, the request for Prosom 2 mg #30 with 2 refills exceeds the guideline recommendations for the length of time prosom is indicated. Thus the request is not medically necessary.