

Case Number:	CM14-0043307		
Date Assigned:	06/20/2014	Date of Injury:	06/30/2006
Decision Date:	07/18/2014	UR Denial Date:	03/02/2014
Priority:	Standard	Application Received:	03/17/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Minnesota. 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 injured worker is a 58-year-old male who reported an injury on 06/30/2006. The mechanism of injury was not provided within the medical records. The clinical note dated 02/24/2014 indicated post-traumatic stress disorder and depressive disorder. The injured worker reported low socialization due to panic attacks. The injured worker reported side effects from trazodone. The injured worker reported he stopped Cymbalta and had no improvement. On physical examination, the injured worker was anxious and depressed. The physician noted the injured worker had a slightly flattened affect. The injured worker's prior treatments included medication management. The injured worker's medication regimen included Prosom, Paxil CR, and Xanax. A Request for Authorization dated 02/24/2014 was submitted for Prosom. However, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF PROSOM 2MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress.

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

Decision rationale: The Official Disability Guidelines (ODG) state Prosom is not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. The injured worker has been prescribed Prosom since at least 11/19/2013. This exceeds the guidelines' recommendation of 4 weeks. In addition, there is a lack of documentation of efficacy and functional improvement with the use of this medication. Furthermore, the request did not indicate a frequency for the medication. Therefore, the request for Prosom 2 mg 30 tablets is not medically necessary.