

Case Number:	CM14-0054208		
Date Assigned:	07/07/2014	Date of Injury:	10/11/2008
Decision Date:	09/08/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/23/2014

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 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:

This 46 year-old patient sustained an injury on 11/10/08 while employed by [REDACTED]. Request(s) under consideration include Estazolam 2 mg #30. Diagnoses include Brachial neuritis/ radiculitis; post cervical laminectomy syndrome s/p C5-6 discectomy/fusion (2009) with residual pain. Report of 11/21/13 from pain management provider noted the patient with ongoing cervical pain with request for repeat cervical epidural steroid injection as previous was helpful. Medications list Norco and Gabapentin which was helpful, but apparently stopped without patient recall of reason; Seroquel; Prozac; Xanax; and Cymbalta. It was noted the patient remained not working and has history of anxiety and depression seeing a psychiatrist. There was history of methamphetamine use with patient going to drug rehab and claimed no longer taking illicit drugs for years. Report of 3/24/14 from the psychiatric provider noted the patient needing Quetiapine for emotional control of anxiety which was certified and Estazolam to control sleep. Request(s) for Estazolam 2 mg #30 was partially-approved for quantity #20 on 4/1/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Estazolam 2 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Benzodiazepines Page(s): 24.

Decision rationale: This 46 year-old patient sustained an injury on 11/10/08 while employed by [REDACTED]. Request(s) under consideration include Estazolam 2 mg #30. Diagnoses include Brachial neuritis/ radiculitis; post cervical laminectomy syndrome s/p C5-6 discectomy/fusion (2009) with residual pain. Report of 11/21/13 from pain management provider noted the patient with ongoing cervical pain with request for repeat cervical epidural steroid injection as previous was helpful. Medications list Norco and Gabapentin which was helpful, but apparently stopped without patient recall of reason; Seroquel; Prozac; Xanax; and Cymbalta. It was noted the patient remained not working and has history of anxiety and depression seeing a psychiatrist. There was history of methamphetamine use with patient going to drug rehab and claimed no longer taking illicit drugs for years. Report of 3/24/14 from the psychiatric provider noted the patient needing Quetiapine for emotional control of anxiety which was certified and Estazolam to control sleep. Request(s) for Estazolam 2 mg #30 was partially-certified for quantity #20 on 4/1/14 to taper. Estazolam is a benzodiazepine indicated for the short-term management of insomnia characterized by difficulty in falling asleep, frequent nocturnal awakenings, and/or early morning awakenings. Per the MTUS Chronic Pain Treatment Guidelines, chronic benzodiazepines are the treatment of choice in very few conditions with tolerance to hypnotic effects developing rapidly with anxiolytic effects occurring within months; limiting its use to 4 weeks as long-term use may actually increase anxiety. Sedative hypnotics are not included among the multiple medications noted to be optional adjuvant medications, per the Official Disability Guidelines. ODG does not recommend benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. Submitted documents have not demonstrated any clinical findings or specific sleep issues such as number of hours of sleep, difficulty getting to sleep or staying asleep or how use of this sedative/hypnotic has provided any functional improvement from treatment already rendered for this chronic 2008 injury. The Estazolam 2 mg #30 is not medically necessary and appropriate.