

<b>Case Number:</b>	CM14-0190934		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	05/31/2013
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	11/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 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 63 year old male with date of injury 05/31/2013. Date of the UR decision was 11/8/2014. Injured worker was terminated for improper completion of work assignment; he felt that his performance was overly scrutinized after he reported his injury. Based on the subjective and objective findings of that evaluation including psychological testing, the injured worker was diagnosed with Major Depressive Disorder, Single Episode, Unspecified and Psychological Factors Affecting Medical Condition (stress intensified headache, teeth grinding, dermatological reaction, low back muscle tension/pain, nausea, peptic acid reaction, abdominal pain/cramping and possible stress aggravated high blood pressure).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective ProSom 2 mg #30 for DOS 9/10/13:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG), Pain Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine, Weaning of medications Page(s): 24, 124. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA.gov -ProSom (estazolam)

**Decision rationale:** ProSom (estazolam), a triazolobenzodiazepine derivative, is an oral hypnotic agent. MTUS states "Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic Benzodiazepines are the treatment of choice in very few conditions. The request for retrospective ProSom 2 mg #30 for DOS 9/10/13 is not medically necessary as the guidelines recommend the use of ProSom only for short term use.