MAXIMUS Federal Services

Case Number:	CM14-0201696		
Date Assigned:	12/12/2014	Date of Injury:	06/19/2008
Decision Date:	02/05/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/02/2014

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 Rehab, 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:

The injured worker is a sixty-year-old male who sustained a work-related injury on June 19, 2008 and continues to complain of persistent bilateral knee and low back pain. A request for independent medical review (IMR) was initiated on December 2, 2014. A review of the submitted medical documentation revealed six physician's reports for evaluation from May 23, 2014 through November 19, 2014. During those evaluations the injured worker reported pain in his right knee, left knee and low back. The records indicates the following medications are being prescribed; Hydrocodone, Naproxen Sodium, Pantoprazole, and Orphenadrine. Records indicate the claimant uses an LSO brace for back support. He remains on modified duty, but is not working in any capacity.Records also indicate the claimant is to continue with a psychiatrist for reactive depression. There is no indication of the medications, if any, being prescribed by the psychiatrist. The evaluating physician noted that the injured worker's pain medications supported the continuation of activities of daily living. The current diagnoses are:1. Status-post left knee arthropathy2. End-stage osteoarthropathy, right knee3. Low back pain with R>L lower extremity symptoms4. DepressionThe UR report dated 11/24/14 denied the request for Prosom 2mg #30 based on lack of medical necessity.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.drugs.com/pro/prosom.html, Prosom

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 22.

Decision rationale: The claimant continues to complain of persistent bilateral knee and low back pain. The current request is for Prosom 2mg #30. The actual request for Prosom is not provided in the medical records submitted for IMR. The records submitted for IMR provide no discussion of insomnia nor do they indicate the length of time the injured worker may have been taking the medication and there was no documentation of functional benefits related to the medication. This may be the initial request for Prosom, but I am unable to determine from the medical records available. This request likely was made by the psychiatrist, but I do not have any medical reports from the psychiatrist for review. MTUS page 24 states that 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. In this case, the records made available for review provide no diagnoses of insomnia and therefore offer no medical support for the prescribed medication. Recommendation is for denial.