

<b>Case Number:</b>	CM14-0201786		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	08/15/2010
<b>Decision Date:</b>	02/03/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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, has a subspecialty in Interventional spine 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 patient is a 57 year old female with an injury date of 08/15/10. Based on the 12/08/14 progress report provided by treating physician, the patient complains of shoulder pain that radiates to upper extremities, elbows, wrists and hands; and lower back pain that radiates to her hips and legs. Patient is status-post right shoulder surgery 02/10/11, and left elbow and carpal tunnel release on 06/13/13. Physical examination to the right shoulder on 10/23/14 and 12/08/14 revealed arthroscopic portals, and decreased range of motion, especially on forward flexion and abduction 135 degrees. Positive impingement sign. Examination of the left elbow revealed well healed scar over the lateral epicondyle. Examination to the hands revealed reduced sensation, and well healed scar over the left wrist. Patient has had acupuncture in the past, and was prescribed Celexa and Xanax on 12/08/14. Patient is working modified duty per treater reports dated 10/23/14 and 12/08/14. Treater states in progress report dated 12/08/14 regarding decision to recommend weaning, "due to the nature of the drug" per UR letter dated 11/26/14, and that it would appear the reviewer was "unaware of the guideline provision for the long-term use of benzodiazepines when prescribed by a psychiatrist."Diagnosis 08/19/14,12/08/14- derangement of joint, not otherwise specified of shoulder- lateral epicondylitis- carpal tunnel syndromeThe utilization review determination being challenged is dated 11/26/14. The rationale is "ProSom is a benzodiazepine not recommended for long-term use as its long-term efficacy is unproven..."Treatment reports were provided from 06/24/14 - 12/08/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prosom 2mg #30 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24, 27. Decision based on Non-MTUS Citation PDR Drug Summary - Buspirone Hydrochloride

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter under Benzodiazepine

**Decision rationale:** The patient presents with shoulder pain that radiates to upper extremities, elbows, wrists and hands; and lower back pain that radiates to her hips and legs. The request is for Prosom 2mg #30 with 2 refills. Patient is status-post right shoulder surgery 02/10/11, and left elbow and carpal tunnel release on 06/13/13. Patient's diagnosis on 08/19/14 and 12/08/14 included derangement of joint, not otherwise specified of shoulder; lateral epicondylitis; and carpal tunnel syndrome. Patient has had acupuncture in the past, and was prescribed Celexa and Xanax on 12/08/14. Patient is working modified duty per treating physician reports dated 10/23/14 and 12/08/14. ODG-TWC, Mental Illness & Stress Chapter under Benzodiazepine: "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. Tolerance to hypnotic effects develops rapidly (3-14 day)... Recent research: Use of benzodiazepines to treat insomnia or anxiety may increase the risk for Alzheimer's disease (AD). A case-control study of nearly 9000 older individuals showed that risk for AD was increased by 43% to 51% in those who had ever used benzodiazepines in the previous 5 years. The association was even stronger in participants who had been prescribed benzodiazepines for 6 months or longer and in those who used long-acting versions of the medications." (Billioti, 2014) The treating physician has not provided reason for the request. Prescription history of Prosom is not provided in review of medical records. The only mention of Prosom is in post UR dated progress report from 12/08/14. Treating physician states that "it would appear" the reviewer was "unaware of the guideline provision for the long-term use of benzodiazepines when prescribed by a psychiatrist." However, guidelines still limit use of benzodiazepines to no longer than 4 weeks, due to unproven efficacy and risk of psychological and physical dependence or frank addiction. Furthermore, the request for quantity 30 with 2 refills does not indicate intended short term use. Therefore the request is not medically necessary.