

Case Number:	CM14-0210979		
Date Assigned:	12/23/2014	Date of Injury:	10/24/2012
Decision Date:	02/13/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/16/2014

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:

This 71 year-old patient sustained an injury on 10/24/12 from being hit in the head with an electric shaver while employed by [REDACTED]. Request(s) under consideration include Prosom 2mg #90. Diagnoses include Cervical / trapezial musculoligamentous sprain/strain with post traumatic cervicogenic headaches. Conservative care has included medications, therapy modalities, CBT, Diagnostics, Cervical epidural steroid injections, and modified activities/rest. The patient continues to treat for chronic ongoing symptom complaints and remains TTD status. Report of 10/3/14 from the provider noted the patient is in need of concurrent biofeedback and CBT sessions in conjunction with medications for the anxiety, sleep problems, stress and persistent emotional symptoms and impairments. There is notation the carrier has objected to mental body system for claimed injury. Report of 11/3/14 from PA noted continued depression, sleep disturbance, change in appetite, excessive worry, suspicion, and agoraphobia with improved resting and concentration. The patient remained not working. Medications list Prosom, Bupropion, Buspar, and Tylenol #4. AME report of 9/24/14 noted future medical for conservative treatment to the neck and low back with anti-inflammatories and pain medications. The request(s) for Prosom 2mg #90 was modified for #30 on 11/25/14 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:

Prosom 2mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): (s) 24, 66.

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

Decision rationale: Prosom (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 2012 injury. The Prosom 2mg #90 is not medically necessary and appropriate.