

Case Number:	CM14-0214801		
Date Assigned:	01/14/2015	Date of Injury:	11/05/2012
Decision Date:	03/03/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Arizona, Maryland
Certification(s)/Specialty: Psychiatry

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 51 year old male with date of injury 11/5/2012. Date of the UR decision was 11/26/2014. Per progress report dated 11/14/2014, the injured worker presented with subjective complaints of depression, changes in appetite, sleep disturbance, agitation, difficulty thinking, pessimism, diminished self-esteem, emptiness and inadequacy, anxiety cluster including restlessness, tension, feeling "keyed up" or an edge, inability to relax, pressure, altered perception cluster including suspicion. He noted improvements in symptoms and functions such as being able to concentrate better, less time in bed, feeling less isolated. Objective findings included casual appearance, soft spoken speech. Observed behaviors were depressed facial expressions and visible anxiety. He was diagnosed with Depressive Disorder not otherwise specified with anxiety and panic attacks, Psychological factors affecting medical condition and Polysubstance abuse. Medications being prescribed were Tylenol #4 four times daily, Seroquel 200mg at bedtime for sleep, Soma 350mg twice daily for spasm and Prosom 2mg at bedtime for sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prosom 2mg #30 x1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nlm.nih.gov

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

Decision rationale: Estazolam (Prosom) belongs to the Benzodiazepine class of medications. 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. Injured worker has been diagnosed with Depressive Disorder not otherwise specified with anxiety and panic attacks, Psychological factors affecting medical condition and Polysubstance abuse. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks as it has a high chance of abuse, tolerance and dependence. The injured worker already carries a diagnosis of Polysubstance abuse which makes him unsuitable for continued use of Prosom. The request for Prosom 2mg #30 x1 refill i.e. 2 more month supply of Prosom is not medically necessary.