

Case Number:	CM15-0000626		
Date Assigned:	01/12/2015	Date of Injury:	10/29/2007
Decision Date:	03/09/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	01/02/2015

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: New York

Certification(s)/Specialty: Internal Medicine

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 64 year old female, who sustained a work related injury on 9/29/07. She has reported an injury to right wrist. The diagnoses have included major depressive disorder, post concussive reaction headache, tinnitus, blurred vision, neck and low back pain and right wrist pain. Treatment to date has included the use of Voltaren gel, oral medications, psychotherapy and stress-reduction biofeedback. Currently, the injured worker complains of headaches, dizziness, neck pain, left shoulder pain, right wrist pain and low back pain. On 11/25/14, Utilization Review Modified a prescription request for Prosom tab 2 mg. noting the "request for Prosom tab 2 mg. to allow the patient this one refill of Prosom tab 2 mg. for the purpose of weaning to discontinue, with a reduction of 10% per week over a weaning period of 2 months." The CA MTUS, Chronic Pain Medical Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 OF 4 Prosom Tab 2mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazapines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Insomnia Treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Chapter, Insomnia

Decision rationale: The requested medication, ProSom is medically necessary. Per ODG, ProSom is a benzodiazepine FDA approved for sleep-onset insomnia. The medication is only recommended for short-term use due to risk of tolerance and adverse events such as daytime drowsiness, next-day sedation, anterograde amnesia, impaired cognition, impaired psychomotor function and rebound insomnia. The claimant has been maintained on the medication and will require the requested medication for the purpose of weaning to discontinue, with a reduction of 10% per week over a weaning period of 2 months. Medical necessity for the requested item has been established. The requested item is medically necessary.