

Case Number:	CM15-0004134		
Date Assigned:	01/15/2015	Date of Injury:	08/09/2008
Decision Date:	03/23/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/08/2015

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: California, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51-year-old male who reported an injury on 12/19/2009 due to an unspecified mechanism of injury. An Appeal Letter dated 12/30/2014 indicates that the injured worker's medication Prosom was denied. A clinical note dated 11/24/2014 shows that the injured worker was provided with psychological evaluation and treatment. It was noted that his findings and diagnosis were consistent with the account of his injury and onset of illness. It was noted that his diagnosis had remained unchanged and he was to continue receiving medication management for his persistent symptoms of depression, anxiety, and stress related medical complaints. No additional information was provided regarding the injured worker's condition. The Appeal Letter did not provide any information to support the request for the medication Prosom. He was diagnosed with depression, anxiety, and stress related medical complaints. The treatment plan was for Prosom 2 mg 1 at bedtime #30. The rationale for treatment was not evident within the report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prosom 2mg 1 QHS #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

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

Decision rationale: According to the California MTUS Guidelines, benzodiazepines are not recommended for long term use, because long term efficacy is unproven and there is a risk of dependence. The guidelines usually limit use to 4 weeks. Based on the clinical documentation submitted for review, the injured worker was noted to be taking Prosom for an unspecified reason. However, there is a lack of documentation showing the injured worker's response to this medication in terms of an objective improvement in function or a quantitative decrease in symptoms to support the request for continuation. Also, it is unclear how long the injured worker has been using this medication, and without this information continuing would not be supported, as it is only recommended for the short term treatment of 4 weeks. Given the above, the request is not medically necessary.