MAXIMUS Federal Services

Case Number:	CM15-0133682		
Date Assigned:	07/21/2015	Date of Injury:	12/02/2010
Decision Date:	08/20/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	07/10/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 58 year old male who reported an industrial injury on 12/2/2010. His diagnoses, and or impression, were noted to include: major depressive disorder, single episode; generalized anxiety disorder; and psychological factors affecting medical condition. His treatments were noted to include psychiatric evaluation, treatment and management; medication management; and rest from work. The progress notes of 5/6/2015 reported complaints of: depression with decreased energy; diminished self-esteem; changes in appetite; difficulty getting to sleep, staying asleep, and early morning awakening; restlessness with tension, pressure, agitation and the inability to relax; tension headaches; muscle tension; increased pain; erectile dysfunction; and peptic acid reaction with constipation; as well as improvements in fatigue, concentration, comprehension, interest in activities and nervousness, and in getting along. Objective findings were noted to include: that he was soft-spoken, pressured, with depressed fascial expressions; and was visibly anxious. The physician's requests for treatments were noted to include the continuation of Prosom at bedtime.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prosom tab 2mg 1 Q HS #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: ProSom (estazolam), a triazolobenzodiazepine derivative, is an oral hypnotic agent in the benzodiazepine class. Regarding this request for a benzodiazepine, the Chronic Pain Medical Treatment Guidelines state the 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. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." (Baillargeon, 2003) (Ashton, 2005) Within the submitted documentation, the request for continuation of this benzodiazepine. It is dosed at night time and aids in anxiety. However, the nature of this request is for a 3 month supply. This exceeds the recommended guidelines of 4 weeks. This request is not medically necessary.