

<b>Case Number:</b>	CM15-0142340		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	03/10/2013
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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:

The injured worker is a 76 year old male who sustained an industrial injury on 03/10/2013. Documentation states that the injury occurred during a period of continuous trauma involving his back, neck, shoulders, lower extremities, high blood pressure, diabetes, stomach, urinary, gastrointestinal problems, sexual dysfunction, stress, depression and insomnia. According to a psychotherapy progress report dated 06/11/2015, subjective complaints included depression, changes in appetite, lack of motivation, difficulty going to sleep, decreased energy, emptiness and inadequacy, difficulty thinking, difficulty staying asleep, pessimism, diminished self-esteem, weight gain, early morning awakening, excessive worry, restlessness, jumpiness, tension, agitation, feeling keyed up or on edge, inability to relax, pressure, shaking, chest pain, palpitations, nausea, shortness of breath, disturbing memories, suspicion, fear that people were following, fear of being monitored, flashbacks, intrusive recollections, tension headache, muscle tension, TMJ-jaw clenching, increased pain, erectile dysfunction, peptic acid reaction and constipation or diarrhea. Improvement in symptoms and functioning included better concentration, getting along better, less headaches and less panicky. Objective behaviors included casual appearance, soft spoken, depressed facial expressions and visible anxiety. Diagnoses included major depressive disorder single episode, unspecified defensiveness and denial, generalized anxiety disorder, psychological factors affecting medical condition. The provider requested authorization for Prosom 2 mg #30 1 every bedtime, Lexapro 10 mg #60 1 twice a day and Buspar 10 mg #60 1 twice a day. According to a previous report, a Psychiatric Agreed Re-evaluation report dated 04/21/2015, the injured worker was currently taking Prosom.

He reported that he slept approximately fourteen hours a day or more often. He would lie in bed for 2 hours before falling asleep. He reported that he awakened three or four times a night to go to the bathroom and did not return to sleep immediately. He also reported that he would lay down in the afternoon and slept for several hours. Currently under review is the request for Prosom 2 mg #60 with 2 refills.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Prosom 2 mg #60 with 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Insomnia Treatment.

**Decision rationale:** The MTUS is silent on the treatment of insomnia. With regard to insomnia treatment, the ODG guidelines state "Non-Benzodiazepine sedative-hypnotics (Benzodiazepine- receptor agonists): First-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopicolone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which means they have potential for abuse and dependency. Although direct comparisons between benzodiazepines and the non-benzodiazepine hypnotics have not been studied, it appears that the non-benzodiazepines have similar efficacy to the benzodiazepines with fewer side effects and short duration of action." Per the medical records: "He reported that he slept approximately fourteen hours a day or more often. He would lie in bed for 2 hours before falling asleep. He reported that he awakened three or four times a night to go to the bathroom and did not return to sleep immediately. He also reported that he would lay down in the afternoon and slept for several hours." The injured worker has been using this medication since at least 4/2015, without any documentation of benefit. Additionally, there was no documentation that the injured worker had failed treatment with first-line sleep aids. As benzodiazepines are not recommended for long term use, medical necessity cannot be affirmed. It should be noted that the UR physician has certified a modification of the request for Prosom with no refills for the purpose of weaning