

Case Number:	CM15-0145002		
Date Assigned:	08/05/2015	Date of Injury:	12/02/2010
Decision Date:	09/30/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/27/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 59 year old male, who sustained an industrial injury on 12-2-2010. The mechanism of injury is unknown. The injured worker was diagnosed as having major depressive disorder and generalized anxiety disorder. There is no record of a recent diagnostic study. Treatment to date has included multiple right shoulder surgeries, therapy and medication management. In a progress note dated 5-6-2015, the injured worker complains of depression and anxiety. Physical examination was not provided. The treating physician is requesting Prosom 2mg, #30 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prosom 2mg #30 with 2 (two) Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain,

Sleep Medication; Chronic Pain Chapter, Benzodiazepines and Other Medical Treatment Guidelines www.iodine.com/drug/prosom/fda-package-insert.

Decision rationale: Regarding the request for Prosom 2mg #30 with 2 (two) Refills, 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". 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. The FDA approval for this drug states "Estazolam is indicated for the short-term management of insomnia...Because insomnia is often transient and intermittent; the prolonged administration of estazolam is generally neither necessary nor recommended. Since insomnia may be a symptom of several other disorders, the possibility that the complaint may be related to a condition for which there is a more specific treatment should be considered. There is evidence to support the ability of estazolam to enhance the duration and quality of sleep for intervals up to 12 weeks". Within the documentation available for review, there is no current description of the patient's sleep complaints, failure of behavioral treatment, current response to medication, etc. Furthermore, the use of this medication exceeds the FDA approval interval. As such, there is no clear indication for use of this medication. In light of the above issues, the currently requested Prosom 2mg #30 with 2 (two) Refills is not medically necessary.