

<b>Case Number:</b>	CM15-0148200		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	07/13/2011
<b>Decision Date:</b>	09/11/2015	<b>UR Denial Date:</b>	07/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 39 year old male who sustained an industrial injury on 07-13-2011 when he fell approximately 13 feet off a ladder. The injured worker was diagnosed with right shoulder dislocation with rotator cuff tear and repair, lumbar stenosis with lower extremity radicular pain, right knee meniscus tear and repair with osteoarthritis and patellofemoral pain, psychological and sleep issues. The injured worker is status post right knee arthroscopy and status post right rotator cuff repair (no dates documented). Treatment to date has included diagnostic testing, surgery, physical therapy, psychological evaluation and follow-up, transcutaneous electrical nerve stimulation (TEN's) unit and medications. According to the primary treating physician's progress report on July 15, 2015, the injured worker continues to experience lumbar spine, right shoulder and right knee pain. The injured worker reported back pain radiates into the right lower extremity and was rated at 8-9 out of 10 on the pain scale, right shoulder pain radiates into the right hand rated at 5 out of 10 with decreased grip and strength in the right hand and right knee pain is unchanged rated at 8 out of 10. The injured worker reported the current physical therapy for the lumbar spine was not beneficial. Examination of the lumbar spine demonstrated tenderness to palpation over the lower lumbar area with spasms. Flexion range of motion was painful at 45 degrees with full active extension and bilateral rotation. Straight leg raise was positive on the right at 45 degrees and negative on the left. The injured worker ambulates with an antalgic gait and uses a cane. Examination of the right shoulder revealed tenderness to palpation with full adduction and internal rotation and decreased flexion, abduction and external rotation. Motor strength was noted as 4 out of 5 with distal neurovascular status intact. The right knee was tender to palpation with crepitation noted on range of motion. There was full extension

and flexion with motor strength at 4 out of 5 and neurovascular status intact distally. Current medications are listed as Ibuprofen, Norco 10mg-325mg and diclofenac. Patient was prescribed Nuvigil, Xanax, Temazepam, Soma, Atarax and Prosom. The patient has had history of anxiety and depression and sleep disorder. Treatment plan consists of continuing transcutaneous electrical nerve stimulation (TEN's) unit, acupuncture therapy, platelet rich plasma injection for the right knee, topical analgesics, psychological follow-up and the current request for Prosom 2mg. A recent detailed psychological/ psychiatrist evaluation note was not specified in the records provided.

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

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

**Prosom 2mg #30, 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines - Benzodiazepines page 24 Official Disability Guidelines, current online version Pain (updated 09/03/15) Benzodiazepines.

**Decision rationale:** Request Prosom 2mg #30, 2 refills. Prosom contains estazolam which is a benzodiazepine, an anti anxiety drug. According to MTUS guidelines 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 actions 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." Per the cited guidelines, "Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Tolerance to lethal effects does not occur and a maintenance dose may approach a lethal dose as the therapeutic index increases. The best prevention for substance use disorders due to benzodiazepines is careful prescribing. (Baillargeon, 2003) (Ashton, 2005) (Dickinson, 2009) (Lader, 2009) Adults who use hypnotics, including benzodiazepines..., have a greater than 3-fold increased risk for early death, according to results of a large matched cohort survival analysis. The risks associated with hypnotics outweigh any benefits of hypnotics, according to the authors. In 2010, hypnotics may have been associated with 320,000 to 507,000 excess deaths in the U.S. alone. The AGS updated Beers criteria for inappropriate medication use includes benzodiazepines. (AGS, 2012) Use of benzodiazepines to treat insomnia or anxiety may increase the risk for Alzheimer's disease (AD)." A detailed history of anxiety or insomnia is not specified in the records provided. Any trial of other measures for treatment of insomnia is not specified in the records provided. As mentioned above, prolonged use of anxiolytic may lead to dependence and does not alter stressors or the individual's coping mechanisms. The cited guideline recommends that if anti-anxiety medication is needed for a longer time, appropriate referral

needs to be considered. A recent detailed psychological/ psychiatric evaluation note of the psychiatrist was not specified in the records provided. Patient was prescribed Nuvigil, Xanax, Temazepam, Soma, Atarax and Prosom. The detailed response of the Alprazolam and Temazepam was not specified in the records specified. The request for Prosom 2mg #30, 2 refills is not medically necessary in this patient given the records provided and the guidelines cited. When discontinuing a benzodiazepine, it is recommended that it should be tapered over time according to the discretion of the treating provider to prevent withdrawal symptoms.