

Case Number:	CM15-0166663		
Date Assigned:	09/04/2015	Date of Injury:	01/16/2002
Decision Date:	10/08/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/25/2015

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

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 57 year old female, who sustained an industrial injury on January 16, 2002. She reported an injury to her left arm. Treatment to date has included left shoulder surgery, physical therapy, pain medications, psychiatric counseling and medication management, anti-depressant medications and anxiolytic medications. Currently, the injured worker complains of persistent symptoms of depression, anxiety and stress-related issues. The documentation reveals the injured worker has depressive symptoms which wax and wane and she reports episodes of anxiety when her pain becomes severe. On mental status evaluation the injured worker had a blunt, flat and mildly anxious affect. She denies suicidal or homicidal ideation and her mood is withdrawn and depressed. Her insight was fair and her judgment intact. The diagnosis associated with the request is depressive disorder. The treatment plan includes estazolam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Estazolam 2mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: The patient presents on 07/23/15 with persistent depression, anxiety, and stress-related medical complaints arising from industrial injury. The patient's date of injury is 01/16/02. Patient is status post left shoulder surgery. The request is for Estazolam 2mg #30 With 2 Refills. The RFA is dated 07/23/15. Progress note 07/23/15 does not include any physical examination findings. The patient's current medication regimen is not provided. Per AME dated 08/05/15, patient is currently retired. MTUS Chronic Pain Medical Treatment Guidelines 2009, Benzodiazepines section, page 24 states "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." In regard to the request for Estazolam for this patient's anxiety and insomnia, treater has exceeded recommended duration of therapy for this class of medications. Per UR appeal letter dated 08/19/15, the provider states: "However, it would appear that [REDACTED] was unaware of the guideline allowance and research support for the long-term use of Estazolam for chronic insomnia", though the provider does not include the aforementioned guidelines supporting long-term use for review. MTUS and ODG do not support chronic Benzodiazepine utilization owing to high risk of dependency and loss of efficacy. The requested 30 tablets with two refills does not imply the intent to limit this medication to short-term use. Therefore, the request is not medically necessary.