MAXIMUS Federal Services

Case Number:	CM15-0209324		
Date Assigned:	11/10/2015	Date of Injury:	01/18/2005
Decision Date:	12/31/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/19/2015

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: New Jersey
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 1-18-2005. Diagnoses include chronic pain syndrome, CRPS, depression disorder, post-traumatic reaction and panic, and psychological factors affecting medical condition. The records indicated a history of psychotherapy medication treatment for symptoms of depression, anxiety, and difficulty sleeping and staying asleep. The records indicated repeated denials for Prosom. A provider letter dated 7-31-15, documented a prior formal comprehensive psychological workup determined that "the insomnia is due to chronic mental disorder." The letter indicated there "is no guideline to mandate to first provide trazodone, sedating anti-histamines, Rozerem, or non-pharmacologic techniques such as progressive relaxation and sleep deprivation." The letter further included additional support from ODG guidelines and medical journals for the use of Prosom. Medications prescribed since at least 12-29-14, included Prosom 2mg nightly and Prozac twice daily. Medications prescribed by a different provider included Hydrocodone 7.5-325mg and Cyclobenzaprine 7.5mg. On 9-11-15, he reported improvement in some symptoms with medication including getting along better, less fatigue, sleeping better, and less depressed-anxious; however, reported ongoing subjective complaints of depressions, lack of motivation, difficulty getting to sleep, and early morning waking; symptoms of anxiety including excessive worry, tension, inability to relax, chest pain; and stress related symptoms including tension headaches, muscle tension. The record documented there was instructions provided for sleep hygiene including decreasing caffeinated beverages, sleeping during the day, and regular sleep times. The provider documented the combination of medications was important to treatment, and "removing one medication could tip the scale to cause worsening symptoms in all areas." The plan of care included prescriptions to refill medications as previously prescribed. The appeal requested authorization for Prosom 2mg #30. The Utilization Review dated 9-24-15, denied the request

IMR ISSUES, DECISIONS AND RATIONALES

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

Prosom 2mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress.

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

Decision rationale: The MTUS Guidelines for Chronic Pain state that benzodiazepines are not recommended for long-term use due to their risk of dependence, side effects, and higher tolerance with prolonged use and as the efficacy of use long-term is unproven. The MTUS suggests that up to 4 weeks is appropriate for most situations when considering its use for insomnia, anxiety, or muscle relaxant effects. In the case of this worker, there is record of having used Prosom on a regular basis for help with insomnia. However, there was limited report on how effective it has been recently, and more importantly, Prosom is not recommended for chronic long-term use, and weaning should be initiated. Other strategies to help the insomnia should be implemented at this time. Therefore, this request for Prosom as it is written is not medically necessary.