

Case Number:	CM15-0029402		
Date Assigned:	02/23/2015	Date of Injury:	09/26/2011
Decision Date:	04/07/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/18/2015

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: Preventive Medicine, Occupational 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 63 year old male, who sustained an industrial injury reported on 9/26/2011. He has reported for follow-up and medication re-evaluation, and complained of persistent symptoms for depression, anxiety and stress, an inability to relax, decreased energy, difficulty thinking, and diminished self-esteem; all related medical complaints stemming from the industrial stress injury to the psyche, after a severe burn injury to the right hand and wrist. The diagnoses were noted to have included pain syndrome; both 2nd and 3rd degree burns to the right wrist and hand; complex regional pain syndrome of the right upper extremity; depressive disorder with anxiety and post-traumatic reaction; and psychological factors affecting medical condition. Objective behavioral findings, improved cognitive findings, and the services provided, of counseling and medication management, were also all noted and documented at the 1/19/2014 examination. Treatments to date have included consultations; diagnostic imaging studies; electrodiagnostic studies right upper extremity; and medication management. The work status classification for this injured worker (IW) was noted to be not working, permanently disabled, has med maximum medical improvement with no work capacity (as per the agreed medical examination report of 8/28/2014). On 2/10/2015, Utilization Review (UR) modified, for medical necessity, the request, made on 1/21/2015, for Prosom 2mg, 1 tab at bed time for sleep, #30; and ordered for the intent of improving anxiety, depression, confusion, emotional control and stress-intensified medical complaints. The Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines, Prosom - sleep agents, was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prosom 2mg 1tab every hour of sleep #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Page 24.

Decision rationale: Prosom is a benzodiazepine. The MTUS states that 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 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. Prosom 2mg 1tab every hour of sleep #30 is not medically necessary.