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| Case Number: | CM15-0210790 | | |
| Date Assigned: | 10/29/2015 | Date of Injury: | 01/07/2010 |
| Decision Date: | 12/10/2015 | UR Denial Date: | 09/28/2015 |
| Priority: | Standard | Application Received: | 10/26/2015 |

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: 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:

This is a 52 year old male who sustained an industrial injury on 1-7-2010. A review of the medical records indicates that the injured worker is undergoing treatment for major depressive disorder, single episode unspecified; generalized anxiety disorder and psychological factors affecting medical condition. According to the progress report dated 9-11-2015, the injured worker complained of depression, changes in appetite, lack of motivation, difficulty getting to sleep, difficulty staying asleep, excessive worry, restlessness, tension, agitation, headaches, muscle tension, decreased energy and difficulty thinking. Objective findings (9-11-2015) revealed the injured worker to be soft spoken with depressed facial expressions and visible anxiety. There was functional improvement noted in that the injured worker became less depressed, nervous and fatigued, had less headaches, increased interest in activities, was going out more, getting along better and could sleep better. Treatment has included psychotherapy and medications. The injured worker has been prescribed Prosom since at least 3-2015. The request for authorization was dated 9-11-2015 for Prosom, Prozac, Risperdal and Atarax. The original Utilization Review (UR) (9-28-2015) denied a request for Prosom.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prosom 2mg at bedtime, #30: Upheld

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

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of benzodiazepines, including ProSom (estazolam). 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. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this case, the records indicate that ProSom is being used as a long-term treatment for this patient's anxiety, sleep disorder and chronic pain. As noted, the above cited guidelines only recommend benzodiazepines for a limit of 4 weeks. There is insufficient evidence in the records that use of ProSom has been associated with improved functional outcomes. For this reason, ProSom is not medically necessary.