

<b>Case Number:</b>	CM15-0040116		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	12/20/2008
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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: Indiana

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 was a 65-year-old male, who sustained an industrial injury, December 20, 2008. According to psychiatric progress note of January 26, 2015, the injured workers chief complaint was depression, anxiety, and stress related complaints arising from an industrial stress injury. The evaluation focused on prescribing medications to assist with anxiety, depression, confusion, emotional control and stress intensification. The injured worker was diagnosed with right knee monoarthritis, right total knee replacement, depression and anxiety. The injured worker previously received the following treatments right total knee replacement, psychiatric care, compression stocks, Buspar, Prosom, Celexa, Hydrocodone, Tramadol, Pepcid, Colace, The treatment plan included a prescription drug by the brand name (for Prosom 2mg #30).

### 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 Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** Prosom is the brand name version of diazepam, a benzodiazepine. MTUS 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." Records indicate that the patient has been on Prosom in excess of the 4 week limit. The treating physician does not indicate any extenuating circumstances for why this patient should continue to be on it. The request Prosom 2mg #3- is in excess of the guidelines. As such, the request for Prosom is not medically necessary.