MAXIMUS Federal Services

Case Number:	CM15-0043387		
Date Assigned:	03/13/2015	Date of Injury:	01/28/2004
Decision Date:	05/01/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/06/2015

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: Emergency 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 52 year old male, who sustained an industrial injury on January 28, 2004. He reported a crush injury to his right hand and wrist. The injured worker was diagnosed as having complex regional pain syndrome, status post right hand carpal tunnel release and trigger release, failed conservative therapies for pain control, exacerbation of pain in the right upper extremity and 75% of pain relief from the past stellate ganglion block. Treatment to date has included injections, surgery, medications, physical therapy and chiropractic treatments. On November 19, 2014, the injured worker complained of neck pain, headache, right shoulder pain, right arm pain and facial pain. The pain was rated as an 8 on a 0-10 pain scale. The pain is described as constant burning, stinging and stabbing. He also reported numbness and swelling of the right arm. The treatment plan included right stellate ganglion block under fluoroscopy x1, medications, home exercises and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prosom 2mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Pain (Chronic): Insomnia Treatment.

Decision rationale: There are no specific sections in the MTUS chronic pain or ACOEM guidelines that relate to this topic. Prosom or estazolam is a benzodiazepine agonist approved for insomnia. As per ODG guidelines, it recommends treatment of underlying cause of sleep disturbance and recommend short course of treatment. Long term use may lead to dependency. Patient has been on Prosom chronically. There is no documentation of other conservative attempts at treatment of sleep disturbance or sleep studies. The prescription is excessive and not consistent with short term use or attempts to wean patient off medication. Pt is also on 2 other benzodiazepines increasing risk for overdose and intoxication. The chronic use of Prosom is not medically appropriate and is not medically necessary.

Xanax 0.5mg #45 with 2 refills: 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: Xanax or alprazolam is a benzodiazepine. Patient is also on Temazepam, another benzodiazepine and Prosom a benzodiazepine derivative for unknown reason. As per MTUS Chronic pain guidelines is not recommended for long term use. There is strong risk of dependence and tolerance develops rapidly. It is unclear if Xanax is being used for pain, sleep or anxiety. There is a very high risk of abuse, overdose and intoxication from chronic use of 3 concurrent benzodiazepines. The additional of Chronic use of 3 benzodiazepine such as Xanax is not medically necessary.

Temazepam 30mg #30 with 2 refills: 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: Restoril or Temazepam is a benzodiazepine. Patient is also on Xanax, another benzodiazepine and Prosom a benzodiazepine derivative for unknown reason. As per MTUS Chronic pain guidelines is not recommended for long term use. There is strong risk of dependence and tolerance develops rapidly. It is unclear if Temazepam is being used for pain, sleep or anxiety. There is a very high risk of abuse, overdose and intoxication from chronic use of 3 concurrent benzodiazepines. The additional of Chronic use of 3 benzodiazepine such as Temazepam is not medically necessary.