

<b>Case Number:</b>	CM15-0051577		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	04/09/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/18/2015

### 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: Texas, New York, 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 applicant is a represented 57-year-old who has filed a claim for chronic shoulder, arm, neck, and upper back pain with derivative complaints of depression, anxiety, and sleep disturbance reportedly associated with an industrial injury of April 9, 2014. In a Utilization Review report dated February 18, 2015, the claims administrator partially approved a request for ProSom while denying a request for tramadol outright. The claims administrator referenced an RFA form received on February 13, 2015 and a letter dated February 11, 2015 in its determination. The applicant's attorney subsequently appealed. In a RFA form dated February 17, 2015, additional cognitive behavioral therapy and biofeedback were endorsed. In a psychological progress note dated November 24, 2014, it was acknowledged that the applicant was off of work, on total temporary disability, owing to various chronic pain and/or depressive symptoms. The applicant's medication list was not detailed. In a psychiatry note dated January 12, 2015, the applicant was placed off of work, on total temporary disability owing to issues with depression, anxiety, loss of appetite, lack of motivation, and excessive worry. Medication selection and medication efficacy were not detailed. In a RFA form dated January 22, 2015, Cymbalta, ProSom, tramadol, and BuSpar were endorsed. The request in question was seemingly framed as a renewal request. Preprinted checkboxes were attached to the same. Ambien was also apparently prescribed. Little-to-no narrative commentary was attached.

### 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 Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** No, the request for ProSom (estazolam), a benzodiazepine anxiolytic, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as ProSom may be appropriate for "brief period," in cases of overwhelming symptoms, in this case, however, the request for ProSom 2 mg #30 with two refills represents chronic, long-term, and daily usage of ProSom, for anxiolytic, and/or sedative effect. Such usage is incompatible with the MTUS Guideline in ACOEM Chapter 15, page 402. The attending provider did not, furthermore, furnish a clear or compelling rationale for concurrent usage of two separate sedative agents, ProSom (estazolam) and Ambien. Therefore, the request was not medically necessary.

**Tramadol 50mg #90 with two refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** Similarly, the request for tramadol, a synthetic opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, on total temporary disability, despite ongoing tramadol usage. A handwritten progress note of January 22, 2015 comprised almost entirely of preprinted checkboxes, was difficult to follow, was not entirely legible, and failed to outline any meaningful or material improvements in function or quantifiable decrements in pain (if any) effected as a result of ongoing tramadol usage. Therefore, the request was not medically necessary.