

<b>Case Number:</b>	CM15-0054843		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	09/21/2012
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	02/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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: Iowa

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 62 year old male injured worker suffered an industrial injury on 09/21/2012. The diagnoses included depression. The injured worker had been treated with medications. On 2/6/2015 the treating provider reported symptoms of depression, anxiety and stress related medical complaints. Medical documentation was limited for this case. The treatment plan included Prosom.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prosom 2mg #30 Ref: 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Anxiety medications in chronic painUpToDate:1) Pharmacotherapy for generalized anxiety disorder2) Unipolar depression in adults: Continuation and maintenance treatment.

**Decision rationale:** Prosom is the brand name for estazolam, a benzodiazepene. MTUS only references benzodiazepenes in relation to chronic pain and does not comment significantly on use for primarily psychiatric indications. ODG states that for Generalized Anxiety Disorder, benzodiazepenes are effective for acute treatment. Long-term use is problematic as few patients achieve and sustain remission with monotherapy. These agents are used primarily as an adjunct for stabilization during initiation of an SSRI or SNRI. UpToDate indicates that lorazepam can be efficacious in treating generalized anxiety disorder, but should be used with caution. The information states that typical treatment is usually in combination with an antidepressant to counteract initial side effects of antidepressants, followed by tapering. It recommends that benzodiazepenes principally be used in patients with chronic generalized anxiety disorder and minimal current depressive symptoms. It does not recommend use in patients with concomitant depression, as many antidepressants treat both symptoms adequately. The treating physician has diagnosed the patient with both anxiety and depressive symptoms, but does not comment on the need for separate treatment. Also, the amount and duration of therapy does not appear to be indicated; it is not clear why an extended duration is needed, and no long-term plan is provided to taper the medication. Therefore the request for Prosom is not medically necessary at this time.