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| Case Number: | CM15-0058460 | | |
| Date Assigned: | 04/03/2015 | Date of Injury: | 06/20/2008 |
| Decision Date: | 05/07/2015 | UR Denial Date: | 03/23/2015 |
| Priority: | Standard | Application Received: | 03/27/2015 |

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, 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 64 year old female patient with an industrial injury dated June 20, 2008. The diagnoses include depressive disorder not otherwise specified with a psychological factors affecting medical condition. Per the progress note dated 1/28/2015, she presented for medication management for persistent symptoms of depression, anxiety and stress related medical complaints. The medications list includes buspar, wellbutrin and prosom (estazolam). Treatment consisted of prescribed medications, psychological evaluations and periodic follow up visits. The treating physician prescribed Estazolam 2mg #30 with 2 refills now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Estazolam 2mg #30 with 2 refills: Upheld

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

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

Decision rationale: Estazolam is a triazolobenzodiazepine, an oral hypnotic drug. According to MTUS guidelines 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." Any trial of other non-pharmacological measures for treatment of insomnia/anxiety is not specified in the records provided. As mentioned above, prolonged use of benzodiazepines may lead to dependence. They do not alter stressors or the individual's coping mechanisms. Response to wellbutrin and buspar without estazolam is not specified in the records provided. A small amount of a benzodiazepine may be appropriate for prn use; however the need for estazolam #30 with 2 refills, as prescribed, is not fully established. Estazolam 2mg #30 with 2 refills is not medically necessary for this patient.