MAXIMUS Federal Services

Case Number:	CM15-0060659		
Date Assigned:	04/06/2015	Date of Injury:	09/26/2011
Decision Date:	10/20/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	03/30/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 64 year old male who sustained an industrial injury on 09-26-11. A review of the medical records indicates the injured worker is undergoing treatment for complex regional pain syndrome right hand, diffused stiffness al digits right hand with possible compression neuropathy, and depressive disorder with anxiety and post-traumatic reaction. Medical records (11-19-14), the only progress notes submitted for review, indicate the injured worker complains of diminished self-esteem and depression, as well as the inability to relax. The physical exam (11-19-14) reveals depressed facial expressions, visible anxiety, and pressures. Treatment has included skin grafting, medications, and psychological counseling. He was recommended to have physical therapy, but there is no documentation of whether the injured worker actually received therapy. The original utilization review (03-24-15) non certified the request for Prosom 20mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prosom 2mg 1 tab every hour of sleep #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Mental Illness & Stress, Insomnia (2) Mental Illness & Stress, Insomnia treatment and Other Medical Treatment Guidelines Prosom prescribing Information.

Decision rationale: The claimant sustained a work injury in September 2011 when his right hand became caught in the machine and he sustained a thermal injury. He continues to be treated for chronic pain including a diagnosis of CRPS with secondary depression, anxiety, and stress. Medications include BuSpar, Wellbutrin, and Prosom. When seen, he was having persistent symptoms. Physical examination findings have included healed skin grafts with hypersensitivity and findings consistent with a diagnosis of CRPS. Authorization is being requested for continued use of Prosom.Prosom, like triazolam (Halcion) is a triazolobenzodiazepine sedative-hypnotic medication approved for short-term treatment of insomnia. Similar to other benzodiazepines, ProSom has anxiolytic effects, but it is seldom prescribed for this use. It has an intermediate duration of action with a half-life of around 16 hours and no active metabolite. Generally, ProSom should not be used for longer than one week. As with other benzodiazepines, ProSom is associated with dependence and abuse and is therefore regulated as a controlled substance by federal and state laws. Additionally, the treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. Whether the claimant has primary or secondary insomnia has not been determined. Conditions such as medication or stimulant side effects, depression, anxiety, restless legs syndrome, obstructive sleep apnea, pain and cardiac and pulmonary conditions, if present, should be identified and could be treated directly. The request for continue use of Prosom is not medically necessary.