

Case Number:	CM15-0085650		
Date Assigned:	05/11/2015	Date of Injury:	11/05/2012
Decision Date:	06/16/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/05/2015

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, North Carolina
 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:

The injured worker is a 51 male who reported an industrial injury on 11/5/2012. His diagnoses, and/or impressions, are noted to include: major depressive disorder, single episode, with generalized anxiety disorder and psychological factors affecting the medical condition (stress-intensified headache, teeth grinding, neck/shoulder/back muscle tension/pain, nausea, vomiting, abdominal pain/cramping, constipation and possible stress-aggravated sleep apnea and high blood pressure). His history notes pre-industrial issues which include: acrochordon, trochanteric bursitis, and backache for which he received continued pain management; right shoulder pain with bilateral upper extremity radiculopathy for which he had a lumbar corset & other conservative treatments; congenital inter-body fusion with cervical spondylosis and stenosis; right shoulder impingement with tendonitis and biceps tenosynovitis; lumbar disc protrusions causing left foraminal stenosis and left lower extremity radiculopathy. Further history notes poly-substance abuse with alcohol and cocaine for which he was stated to be clean and sober since 1994; but that he was using cannabis to cope with industrially related stress in 12/2012. No current imaging studies are noted. His treatments have included panel qualified medical examinations, psychological evaluation and treatments; and medication management. The progress notes of 3/24/2015 reported complaints of depression with changes in appetite, lack of motivation, sleep disturbance with difficulty getting to, and staying asleep; restlessness; tension; agitation; the inability to relax; muscle tension and tension headaches; less depression and an increased interest in activities. Objective findings were noted to include that he was found to be soft spoken, casually dressed, and with visible anxiety and depressed facial expressions. The

physician's requests for treatments were noted to include the continuation, and remaining prescribed dose, of Prosom for sleep. The 1/7/2015 [REDACTED] Medication Management Evaluation report noted his medication regimen interacts to improve anxiety, depression, confusion, panic, emotional control and stress-intensified medical complaints, and to not resume that each medication works alone, but all interact to work together; removing one medication could trip the scale to cause worsened symptoms in all areas, and should not be disrupted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prosom 2 mg (1 every night before sleep) Qty 30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation URL (www.nlm.nih.gov/medlineplus/druginfo/meds/a691003.html).

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

Decision rationale: Prosom is a benzodiazepine recommended for the short-term (7-10 days) treatment of insomnia. The MTUS states that Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependency. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs. The request is for a three month supply of Prosom (2mg hs #30 with 2 refills), which is clearly outside guidelines and not medically necessary or appropriate.