

Case Number:	CM14-0210812		
Date Assigned:	12/23/2014	Date of Injury:	08/04/2010
Decision Date:	02/27/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/16/2014

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

Certification(s)/Specialty: Physical Medicine & Rehabn

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 patient is a 45-year-old female with date of injury of 08/04/2010. The listed diagnoses from 09/29/2014 are: 1. Cervical spondylosis with radiculopathy, right upper extremity, etiology undetermined. 2. Status post industrial right shoulder injury, 08/04/2010. 3. Status post right rotator cuff repair, 05/21/2012. 4. Status post revision decompression, distal clavicle resection, 02/06/2014. According to this report, the patient complains of ongoing neck pain and right shoulder pain. She reports stiffness, radicular symptoms involving the right upper extremity. The patient is status post rotator cuff repair from 05/21/2012 and subsequent revision decompression, distal clavicle resection from 02/06/2014. The examination shows the patient has mild pain at terminal range of right shoulder motion. She has no instability to ligamentous stress testing. No other findings were noted on this report. Treatment reports from 11/12/2013 to 11/08/2014 were provided for review. The utilization review denied the request on 11/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prosom (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 Benzodiazepines Page(s): 24.

Decision rationale: This patient presents with right shoulder and neck pain. The provider is requesting Prosom (Estazolam) 2 mg #30 with 2 refills. The MTUS guidelines page 24 on benzodiazepines states, "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to four weeks." The records do not show a history of Prosom use. While a trial may be appropriate for this patient, given the history of depression and anxiety, the requested quantity exceeds MTUS-recommended 4-week treatment period. The request is not medically necessary.