

<b>Case Number:</b>	CM15-0017197		
<b>Date Assigned:</b>	02/04/2015	<b>Date of Injury:</b>	04/30/2003
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 50-year-old male who reported an injury on 04/30/2003. The mechanism of injury was not stated. The current diagnoses include depressive disorder and psychological factors affecting a medical condition. The injured worker presented on 11/03/2014 for a followup evaluation. The injured worker reported multiple psychiatric complaints. Upon examination, there was a depressed affect noted. Recommendations at that time included continuation of the current medication regimen. A Request for Authorization form was submitted on 11/03/2014 for Buspar, Atarax, Xanax, Prosom, and Tylenol No. 4.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prosom Tab 2 MG #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The California MTUS Guidelines do not recommend long term use of benzodiazepines, because long term efficacy is unproven and there is a risk of dependence. It is unclear how long the injured worker has utilized the above medication. There is no documentation of functional improvement. There is also no frequency listed in the request. As the guidelines do not recommend long term use of benzodiazepines, the current request is not medically appropriate at this time.