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|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0110750 |                              |            |
| <b>Date Assigned:</b> | 06/17/2015   | <b>Date of Injury:</b>       | 06/22/2008 |
| <b>Decision Date:</b> | 08/18/2015   | <b>UR Denial Date:</b>       | 05/20/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/09/2015 |

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 year old female, who sustained an industrial injury on 06/22/2008. She has reported injury to the low back and bilateral hips. The diagnoses have included lumbar spine musculoligamentous sprain/strain, with bilateral lower extremity radiculitis, with multilevel disc protrusions; left hip sprain/bursitis; status post right total hip replacement, on 10/06/2014; plantar fasciitis; Major Depressive Disorder; and Generalized anxiety Disorder. Treatment to date has included medications, diagnostics, extracorporeal shockwave therapy, physical therapy, and surgical intervention. Medications have included Norco, Anaprox, Ultram ER, Voltaren XR, Prilosec, Axid, Ultracin lotion, Citalopram, Lorazepam, Prosom, and Fioricet. A progress report from the treating provider, dated 05/04/2015, documented an evaluation with the injured worker. Currently the injured worker complains of depression; decreased energy; changes in appetite; excessive worry; difficulty getting to sleep; restlessness; tension; agitation; tension headache; increased pain; and muscle tension. Objective findings included visible anxiety; and depressed facial expressions. The treatment plan has included the request for Prosom 2mg #30 x 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prosom 2mg #30 x 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Prosom <http://www.rxlist.com/prosom-drug.htm>.

**Decision rationale:** ProSom (estazolam), a triazolobenzodiazepine derivative, is an oral hypnotic agent. There is no recent documentation of insomnia or sleep disorder in this patient. There is no characterization of previous sleep problems and the response to non pharmacologic treatment. MTUS guidelines does not recommend the long term use of benzodiazepines because of the risk of dependence, tolerance and even the increase of anxiety if used to treat anxiety. Therefore, the prescription of ProSom 2mg #30 x 2 refills is not medically necessary.