

Case Number:	CM15-0117195		
Date Assigned:	06/25/2015	Date of Injury:	06/10/2013
Decision Date:	07/28/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/17/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 50-year-old who has filed a claim for chronic neck, low back, ankle, heel, and wrist pain reportedly associated with an industrial injury of June 10, 2013. In a Utilization Review report dated June 2, 2015, the claims administrator failed to approve a request for Prosom with multiple refills. BuSpar and Zoloft, however, were apparently refilled. The claims administrator did apparently issue a partial approval of Prosom, however, apparently for weaning or tapering purposes. Progress notes and appeal letters of February 12, 2015, February 3, 2015, and May 15, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. The claims administrator's medical evidence log, however, seemingly suggested that the only note provided was a medical-legal evaluation of February 5, 2015. On said medical-legal evaluation of February 5, 2015, it was stated that the applicant was on Neurontin, Celebrex, and Flexeril. The medical-legal evaluator, however, appeared to be evaluating the applicant solely from an orthopedic perspective and did not seemingly touch on the applicant's mental health issues or psychotropic medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prosom 2mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: No, the request for Prosom, a benzodiazepine anxiolytic, was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Prosom may be appropriate for "brief periods," here, however, the request for 30 tablets of Prosom with two refills implied chronic, long-term, and/or nightly usage of the same, for sedative effects. This is not, however, an ACOEM-endorsed role for Prosom (estazolam), a benzodiazepine anxiolytic. The claims administrator's Utilization Review report, furthermore, seemingly suggested that the applicant was using two separate anxiolytic medications, namely BuSpar and Prosom. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider should incorporate some discussion of applicant-specific variables such as "other medications" into his choice of recommendations. Here, however, the attending provider did not furnish a clear or compelling rationale for concomitant usage of two separate anxiolytic medications. While it is acknowledged that several progress notes seemingly made available to the claims administrator were not incorporated in the IMR packet, the historical information on file, however, failed to support or substantiate the request. Therefore, the request was not medically necessary.