

Case Number:	CM15-0062005		
Date Assigned:	04/07/2015	Date of Injury:	04/23/2009
Decision Date:	05/19/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	04/01/2015

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: Pennsylvania, Ohio, California
 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 64-year-old male patient who sustained an industrial injury on 04/23/2009. A primary treating office visit dated 09/29/2014 reported continued subjective complaint of chronic neck and lower back pain; as well as right-sided shoulder pain. He also complains of bilateral wrist pain accompanied with numbness, weakness and tingling. The patient also reports having difficulty hearing and seeing; therefore, recommending a ear, nose and throat consultation and a ophthalmology consultation. Prior recommendation for 12 physical therapy sessions pending. The patient's work restrictions remain as per the permanent and stationary report. He is provided with a refill of Gabapentin. The following diagnoses are applied: carpal tunnel syndrome; strains/sprains of neck; strains and sprain of lumbar region; thoracic or lumbosacral neuritis or radiculitis and shoulder region disorders. A dermatology consultation is also recommended.

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 Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter: Benzodiazepines.

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

Decision rationale: Benzodiazepines are not recommended by MTUS for long-term use due to lack of demonstrated efficacy and a risk of dependence. Tolerance to hypnotic or anxiolytic effects is common, and long-term use may actually increase rather than decrease anxiety. Benzodiazepines are rarely a treatment of choice in a chronic condition. The records do not provide a rationale for an exception to this guideline. This request is not medically necessary.