

<b>Case Number:</b>	CM15-0094145		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	09/14/2007
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 68-year-old male, who sustained an industrial injury on 09/14/2007. He has reported injury to the neck and back. The diagnoses have included multilevel cervical and lumbar discopathy; chronic pain syndrome; bilateral knee tendinopathy and chondromalacia with early arthrosis; major depressive disorder; and generalized anxiety disorder. Treatment to date has included medications, TENS (transcutaneous electrical nerve stimulation) unit, psychotherapy. Medications have included Tylenol #3, Estazolam, and Risperdal. A progress note from the treating physician, dated 02/26/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of depression; anxiety; sleep disturbance; excessive worry; restlessness; decreased energy; and panic attacks. Objective findings included visible anxiety; and depressed facial expressions. The treatment plan has included the request for Estazolam 2mg, quantity 30 for 30 day supply, 0 of 0 refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Estazolam 2mg Qty 30 for 30 day supply, 0 of 0 refill: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Benzodiazepines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- insomnia and pg 64.

**Decision rationale:** The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, insomnia medications recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the sleep disturbance etiology was not described. Failure of behavioral interventions was not mentioned. The claimant had been previously provided Estazolam and long-term use is not indicated. The requested treatment is not medically necessary.