

Case Number:	CM15-0098930		
Date Assigned:	06/15/2015	Date of Injury:	01/05/2009
Decision Date:	07/15/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/22/2015

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 York, Tennessee
 Certification(s)/Specialty: Emergency 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 54 year old female patient who sustained an industrial injury on 01/05/2009. A visit dated 01/07/2015 reported the patient with subjective complaint of persistent depression, anxiety, and stress related to medical complaints arising from an industrial stress injury to the psyche. Current medications are: Xanax, Buspar, Wellbutrin and Prosom. On 01/08/2015 she underwent an outpatient magnetic resonance imaging study of the cervical spine that revealed being status post discectomy with placement of a spacer and anterior fusion plate at C6-7. A primary treating visit dated 03/12/2015 reported subjective chief complaint of neck, bilateral shoulders, bilateral arms, bilateral wrists, bilateral knees, bilateral feet and lower back pain. Since the last visit on 09/11/2014 she has undergone electrodiagnsotic nerve conduction study. The patient is currently not working. She states taking Naproxen and Hydrocodone as prescribed. The following diagnoses are applied: status post C6-7 anterior cervical fusion 10/14/2013; thoracolumbar strain; status post let subcromial decompression and Mumford procedure; right shoulder impingement with acromioclavicular joint pain; bilateral tennis elbow; bilateral wrist pain; left knee medial meniscal tear; right knee pain and internal derangement; bilateral hind foot pain with plantar fasciitis; stress syndrome; sleep disturbance, and gastrointestinal complaints. The plan of care involved reviewing nerve conduction study report results; prescribed medications and follow up visit. She remains temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Alprazolam 0.5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Mental Illness & Stress Chapter.

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

Decision rationale: Alprazolam is a benzodiazepine. Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Tolerance to lethal effects does not occur and a maintenance dose may approach a lethal dose as the therapeutic index increases. In this case the patient has been taking the medication since at least January 2015. Benzodiazepines are not recommended. The request is not medically necessary.

Prosom 1mg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Insomnia treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Mental Illness & Stress Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Insomnia Treatment.

Decision rationale: Prosom is the benzodiazepine, estazolam. Insomnia treatment should be based on etiology. 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. Estazolam is FDA approved for the treatment of sleep disturbance. It is only recommended for short-term use due to risk of tolerance, dependence, and adverse events (daytime drowsiness, anterograde amnesia, next-day sedation, impaired cognition, impaired psychomotor function, and rebound insomnia). Benzodiazepines approved for treatment of sleep disturbance have been associated with sleep-related activities such as sleep driving, cooking and eating food, and making phone calls (all while asleep). Particular concern is noted for patients at risk for abuse or addiction. Withdrawal occurs with abrupt discontinuation or large decreases in dose. Decrease slowly and monitor for withdrawal symptoms. Benzodiazepines are similar in efficacy to benzodiazepine-receptor agonists; however, the less desirable side-effect profile limits their use as a first-line agent, particularly for long-term use. In this case the patient has been taking Prosom since at least January 2015. The duration of treatment surpasses the recommended short-term duration of two to six weeks. The request is not medically necessary.