

<b>Case Number:</b>	CM13-0005006		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	12/31/2009
<b>Decision Date:</b>	05/12/2014	<b>UR Denial Date:</b>	07/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 [REDACTED] employee who has filed a claim for anxiety disorder, joint pain, leg pain, and atrial fibrillation reportedly associated with an industrial injury of December 31, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; muscle relaxants; and anxiolytic medications. On July 30, 2013, the applicant was described as having ongoing issues with hypertension, ST elevation myocardial infarction, history of hypertension, shoulder surgery, and atrial fibrillation. The applicant does have a drug eluting stent in place. Several antiarrhythmic medications were endorsed. In a progress note of January 8, 2013, the applicant is still having issues with insomnia, sleeping only four hours a night despite ongoing Lunesta usage. The applicant's medication list included Lunesta, Xanax, Viagra, Niaspan, Vicodin, Coreg, Zestril, Crestor, Zetia, Pradaxa, and aspirin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**XANAX 0.5 MG, #30 WITH 2 REFILLS .:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402, anxiolytic medications such as Xanax are recommended only for brief periods, in cases of overwhelming symptoms. They are not recommended for chronic or long-term use purposes, per ACOEM. In this case, the attending provider has not furnished any applicant's specific rationale, narrative, or commentary so as to try and offset the unfavorable ACOEM recommendation. There has, moreover, been no evidence of a favorable response to earlier usage of Xanax. Therefore, the request is not certified, on Independent Medical Review.

**LUNESTA 3 MG #30.:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia Treatment, Lunesta.

**Decision rationale:** The MTUS does not address the topic. As noted in the ODG Chronic Pain Chapter Insomnia treatment topic, Lunesta is only benzodiazepine receptor agonist FDA approved used for use longer than 35 days. In this case, the applicant is apparently having ongoing issues with insomnia. It appears that Lunesta has only been incompletely effective. Nevertheless, given the ongoing complaints of insomnia and the fact that the attending provider has documented at least some partial improvement with Lunesta usage, and the fact that ODG recommends Lunesta for use longer than 35 days, the request is certified, on Independent Medical Review.