

<b>Case Number:</b>	CM13-0021807		
<b>Date Assigned:</b>	11/13/2013	<b>Date of Injury:</b>	05/27/2009
<b>Decision Date:</b>	02/20/2014	<b>UR Denial Date:</b>	08/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Ohio and Texas. 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 physician 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 patient is a 54-year-old injured worker who reported an injury on 05/27/2009; the mechanism of injury was stated to be the patient was assaulted by a parent. The patient's diagnoses were noted to include insomnia-type sleep disorder due to pain, psychological factors affecting medical condition, and post-traumatic stress disorder chronic. Request was made for retrospective Temazepam, Lunesta, and Fluoxetine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Temazepam 30mg quantity 45:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Benzodiazepine Page(s): .24..

**Decision rationale:** The California MTUS guidelines do not recommend Benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks and the guidelines indicate that chronic benzodiazepines are the treatment of choice in very few conditions. The clinical documentation submitted for review failed to provide the efficacy of the requested medication. Additionally, it failed to provide the

necessity for long-term use. The retrospective request for Temazepam 30mg, quantity 35, 08/04/2011, is not medically necessary and appropriate.

**Retrospective request for Lunesta 3mg, quantity 35: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The Official Disability Guidelines indicates the use of Lunesta is for the short-term treatment of insomnia, generally 2 - 6 weeks. The clinical documentation submitted for review failed to provide the efficacy of the requested medication. Additionally, it failed to provide the necessity for long-term use. The request for Lunesta 3mg, quantity 35, 11/28/2012 is not medically necessary and appropriate.

**Retrospective request for Fluoxetine 40mg, quantity 35: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Fluoxetine Page(s): 107.

**Decision rationale:** The California MTUS Guidelines indicate that SSRIs are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. The clinical documentation submitted for review failed to provide the efficacy of the requested medication. Additionally, it failed to provide the rationale for the use of the medication. It failed to indicate whether the patient was being treated for depression or chronic pain as it is not recommended for chronic pain treatment. The retrospective request for Fluoxetine 40 mg, quantity 35, and 12/01/2011 is not medically necessary and appropriate.

**Retrospective request for Lunesta 2mg, quantity 30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The Official Disability Guidelines indicates the use of Lunesta is for the short-term treatment of insomnia, generally 2 - 6 weeks. The clinical documentation submitted for review failed to provide the efficacy of the requested medication. Additionally, it failed to provide the necessity for long-term use. The request for Lunesta 2mg, quantity 30, 2/16/12, is not medically necessary and appropriate.

**Retrospective request for Fluoxetine 40mg, quantity 30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Fluoxetine Page(s): 107..

**Decision rationale:** The California MTUS Guidelines indicate that SSRIs are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. The clinical documentation submitted for review failed to provide the efficacy of the requested medication. Additionally, it failed to provide the rationale for the use of the medication. It failed to indicate whether the patient was being treated for depression or chronic pain as it is not recommended for chronic pain treatment. The request for Fluoxetine 40mg, quantity 30, 2/16/12, is not medically necessary and appropriate.

**Retrospective request for Lunesta 2mg, quantity 30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The Official Disability Guidelines indicates the use of Lunesta is for the short-term treatment of insomnia, generally 2 - 6 weeks. The clinical documentation submitted for review failed to provide the efficacy of the requested medication. Additionally, it failed to provide the necessity for long-term use. The retrospective request for Lunesta 2mg, quantity 30, 2/16/12, is not medically necessary and appropriate.

**Retrospective request for Fluoxetine 40mg, quantity 45: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Fluoxetine Page(s): .107..

**Decision rationale:** The California MTUS Guidelines indicate that SSRIs are not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary depression. The clinical documentation submitted for review failed to provide the efficacy of the requested medication. Additionally, it failed to provide the rationale for the use of the medication. It failed to indicate whether the patient was being treated for depression or chronic pain as it is not recommended for chronic pain treatment. The Retrospective request for Fluoxetine 40mg, quantity 45, 4/12/12, is not medically necessary and appropriate.

**Lunesta 3mg, quantity 45: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The Official Disability Guidelines indicates the use of Lunesta is for the short-term treatment of insomnia, generally 2 - 6 weeks. The clinical documentation submitted for review failed to provide the efficacy of the requested medication. Additionally, it failed to provide the necessity for long-term use. The retrospective request for Lunesta 3mg, quantity 45, 7/25/12, is not medically necessary and appropriate.

**Lunesta 3mg, quantity 30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The Official Disability Guidelines indicates the use of Lunesta is for the short-term treatment of insomnia, generally 2 - 6 weeks. The clinical documentation submitted for review failed to provide the efficacy of the requested medication. Additionally, it failed to provide the necessity for long-term use. The retrospective request for Lunesta 3mg, quantity 30, 10/3/12, is not medically necessary and appropriate.

**Retrospective request for Lunesta 3mg quantity 30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The Official Disability Guidelines indicates the use of Lunesta is for the short-term treatment of insomnia, generally 2 - 6 weeks. The clinical documentation submitted for review failed to provide the efficacy of the requested medication. Additionally, it failed to provide the necessity for long-term use. The retrospective request for Lunesta 3mg, quantity 30, 6/12/13, is not medically necessary and appropriate.

**Retrospective request for Lunesta 3mg, quantity 30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The Official Disability Guidelines indicates the use of Lunesta is for the short-term treatment of insomnia, generally 2 - 6 weeks. The clinical documentation submitted for review failed to provide the efficacy of the requested medication. Additionally, it failed to provide the necessity for long-term use. The retrospective request for Lunesta 3mg, quantity 30, 5/15/13, is not medically necessary and appropriate.

**Retrospective request for Lunesta 3mg, quantity 30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The Official Disability Guidelines indicates the use of Lunesta is for the short-term treatment of insomnia, generally 2 - 6 weeks. The clinical documentation submitted for review failed to provide the efficacy of the requested medication. Additionally, it failed to provide the necessity for long-term use. The retrospective request for Lunesta 3mg, quantity 30, 2/6/13, is not medically necessary and appropriate.

**Retrospective request for Lunesta 3mg, quantity 30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The Official Disability Guidelines indicates the use of Lunesta is for the short-term treatment of insomnia, generally 2 - 6 weeks. The clinical documentation submitted for review failed to provide the efficacy of the requested medication. Additionally, it failed to provide the necessity for long-term use. The retrospective request for Lunesta 3mg, quantity 30, 3/7/13, is not medically necessary and appropriate.

**Retrospective request for Lunesta 3mg, quantity 30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

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

**Decision rationale:** The Official Disability Guidelines indicates the use of Lunesta is for the short-term treatment of insomnia, generally 2 - 6 weeks. The clinical documentation submitted for review failed to provide the efficacy of the requested medication. Additionally, it failed to provide the necessity for long-term use. The retrospective request for Lunesta, quantity 30, 4/8/13, is not medically necessary and appropriate.