

Case Number:	CM13-0037392		
Date Assigned:	12/13/2013	Date of Injury:	02/18/2004
Decision Date:	02/24/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/23/2013

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 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 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 70 year old female with DOI of 2/18/04. She has chronic pain and diagnosis of chronic renal insufficiency major depression, insomnia due to pain, female hypoactive sexual desire disorder due to pain in 2010. She has diabetes, hypertension, hyperthyroidism and history of DVT. She has had lumbar spinal surgeries in 1984, 1985, and 1986; right knee surgery 2004, gastric bypass in 2005, cholecystectomy in 2006 and left arthroscopic syndrome in 2009. She is taking Prozac, Ativan, Lunesta and Atarax. There are no notes from 2013 to review. MTUS does not recommend the long term use of benzodiazepines. This patient has been taking Ativan since before 2012. There are no notes to indicate how much medication this patient uses or for what "prn" reasons. There is no documentation the patient still needs this medication. MTUS would recommend a different medication for long term treatment of anxiety such as an anti-depressant.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 1 mg one in the morning #1PM #100: Upheld

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

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

Decision rationale: MTUS does not recommend the long term use of benzodiazepines. This patient has been taking Ativan since before 2012. There are no notes to indicate how much medication this patient uses or for what "prn" reasons. There is no documentation the patient still needs this medication.

Lunesta 3mg at bedtime #100: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/lunesta.html>

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

Decision rationale: Lunesta appears to be appropriate on long term basis as studies were done over 6 month basis. There is a diagnosis of sleep disorder due to pain. However, there is no documentation that Lunesta has been helping the patient or when treatment was initiated. AME report dated 4/2012 states the patient has been taking this medication since at least then. There is no evidence for continued use of this medication without evidence that the medication has been effective. Her diagnosis is sleep disorder due to pain. In the AME report, the patient awakes during the night several times. This medication is intended for sleep latency, and as the reports available indicate, the medication is not appropriate.