

<b>Case Number:</b>	CM13-0043633		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/02/1998
<b>Decision Date:</b>	04/28/2014	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### 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 Internal 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 patient is a 52-year-old male who reported an injury on 7/2/98. The mechanism of injury was not provided. The patient's diagnosis was depressive disorder not elsewhere classified. The patient's medication history included lunesta, Klonopin, lithium, Prozac, cogentin, and trazodone as of late 2012. The documentation of 11/26/13 revealed that the patient's medications were working well. The patient indicated that trazodone was the patient's first-line sleep agent and lunesta was used only for problem nights. Lunesta gave him a sounder sleep and less dreaming. It was further indicated that clonopin works well as a rescue medication and it was further indicated that the patient's PTSD from a severe interaction with inmates is something that will likely never resolve and Klonopin should be authorized due to this. It was indicated the patient needed to continue the full medication combination, that the Klonopin was used for acute anxiety, and that lunesta and trazodone supported sleep hygiene. The request was made for Klonopin and lunesta with additional refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 LUNESTA 3 MG, 30 COUNT WITH ONE REFILL:** Upheld

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

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

**Decision rationale:** The Official Disability Guidelines do not recommend Lunesta for long-term use, but it is recommended for short-term use. They recommend limiting the use of the medication to 3 weeks at maximum and discourage use in the chronic phase. The clinical documentation submitted for review indicated that the patient had been taking the medication since late 2012. There was lack of documentation of objective functional benefit from the medication. It was indicated that lunesta gave the patient sounder sleep and decreased dreaming, but there was a failure to objectify the statement. The request additionally failed to indicate the necessity for a refill. Given the above, the request for Lunesta is not medically necessary.

**240 KLONOPIN 1 MG, 120 COUNT WITH ONE REFILL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24,66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG);

**Decision rationale:** The California MTUS guidelines do not recommend the use of benzodiazepines as treatment for patients with chronic pain for longer than three weeks due to a high risk of psychologic and physiologic dependence. The patient was taking the medication for anxiety. As such, secondary guidelines were sought. The physician indicated the patient had post-traumatic stress disorder and per the Official Disability Guidelines, benzodiazepines are of no benefit and may be harmful for PTSD patients. The patient has been on the medication since late 2012. There was a lack of documentation indicating the efficacy of the medication. There was a lack of documentation indicating the necessity for a refill. Given the lack of documentation of exceptional factors, as well as the efficacy of the requested medication, the request for Klonopin is not medically necessary.