

<b>Case Number:</b>	CM13-0049852		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	11/05/2010
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	10/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 59 year old female with an injury date of 11/05/10. Based on the 08/05/13 progress report provided by [REDACTED] the patient is guarded, anxious, and frustrated. She is frightened of men, even her own husband and more recently experienced physiologic reactivity to hearing her son's deeper voice. She continues to be re-triggered by new onset stressors and reminders of her victimization. The patient is diagnosed with industrial posttraumatic stress disorder. [REDACTED] is requesting for the following: Sertraline, Lorazepam and Lunesta. The utilization review determination being challenged is dated 10/24/13. [REDACTED] is the requesting provider, and he provided treatment reports from 02/14/13- 10/07/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SERTRALINE 100MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES- Antidepressants ,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-15.

**Decision rationale:** According to the 08/05/13 report by [REDACTED], the patient presents with industrial posttraumatic stress disorder. The request is for Sertraline. California MTUS Guidelines page 13-15 states that "The main role of SSRIs may be in addressing psychological symptoms associated with chronic pain." According to the utilization review determination, the claimant has shown signs of improvement with regard to psychological symptoms. The patient is learning to manage her pain levels, even without pain medications for months. Reviewing the records provided, there is no indication as to why the patient would need additional Sertraline. Therefore the request is not medically necessary.

**LORAZEPAM:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES- BENZODIAZEPINES, ,

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

**Decision rationale:** According to the 08/05/13 report by [REDACTED], the patient presents with industrial posttraumatic stress disorder. The request is for Lorazepam. The patient has been taking Lorazepam since the earliest progress report provided (02/14/13). California MTUS page 24 states that Benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks." In this case, the patient has been taking Lorazepam since 02/14/13 and there is no discussion provided as to how this medication benefits the patient. Therefore the request is not medically necessary.

**LUNESTA:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Med Lett Drugs

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

**Decision rationale:** According to the 08/05/13 report by [REDACTED], the patient presents with industrial posttraumatic stress disorder. The request is for Lunesta. ODG Guidelines states that "Eszopicolone (Lunesta) has demonstrated reduced sleep latency and sleep maintenance. (Morin, 2007) The only benzodiazepine-receptor agonist FDA approved for use longer than 35 days." None of the progress reports indicate that the patient was having insomnia or having problems staying asleep. None of the reports discuss whether or not this medication has been beneficial. Therefore the request is not medically necessary.