

Case Number:	CM13-0066264		
Date Assigned:	01/03/2014	Date of Injury:	03/29/2011
Decision Date:	09/05/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/16/2013

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 Maryland. 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 employee was a 43-year old male who sustained an industrial injury on 05/01/2010. His history was significant for arthroscopic surgeries of his left shoulder. His complaints were shoulder pain, insomnia, depression and low back pain that radiated to his left lower extremity. His prior treatment for his back pain included physical therapy, facet blocks, lumbar ESI (epidural steroid injection) and medications. His diagnoses included bilateral shoulder impingement syndrome, lumbar spine strain/sprain and stress/anxiety. His medical history was significant for hypertension and diabetes mellitus. In February of 2013, he was diagnosed with severe major depression. His medications included Janumet, Bystolic, Glipizide, Lorazepam, Percocet and Lunesta. In October of 2013, he was still irritable and tired of the pain. He reported that Lunesta was helping him sleep, but he was awake with pain when lying on the shoulders. He was given a trial of L-Theanine and melatonin. He was seen by the Pain Management provider on 11/14/13. He continued to have low back pain radiating to his left lower extremity. He continued to have difficulty sleeping due to continued pain. Medications were helpful, including Percocet 10/325mg which he used 2 to 3 times per week. His Lunesta had been denied. Examination revealed limited lumbar spine range of motion. His diagnoses included lumbar disc syndrome, lumbar facet arthropathy and lumbar radiculopathy. A request was sent for authorization of Lunesta, Percocet, melatonin and L-Theanine for anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUNESTA 1MG #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

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

Decision rationale: The employee had shoulder and back pain. He was also diagnosed with major depression and was on Lorazepam, Percocet and Lunesta in addition to his other medications. During his visit in October 2013, he reported improvement of sleep with Lunesta. In November 2013, it is not apparent that he was taking the Lunesta as it had been denied. According to ODG, Benzodiazepine receptor agonists are the first line medications for insomnia. Lunesta is the only Benzodiazepine receptor agonist recommended for long term use. It is recommended that treatments for insomnia should reduce time to sleep onset, improve sleep maintenance, avoid residual effects and increase next-day functioning. Even though he had not returned to work, the employee had reported improvement of his sleep during his visit in October 2013. Hence the request for Lunesta is medically necessary and appropriate.

TRIAL OF L-THEANINE 100MG #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.webmd.com/vitamins-supplements/ingredientmono-1053-theanine.aspx?activeingredientid=1053&activeingredientname=theanine>.

Decision rationale: The employee had shoulder and back pain. He was also diagnosed with major depression/anxiety and was on Lorazepam, Percocet and Lunesta in addition to his other medications. In November 2013, he reported irritability and stress during his visit. He was given a trial of L-Theanine for stress. According to Webmd there is insufficient evidence for the use of L-Theanine for anxiety. More evidence is needed to rate the effectiveness of theanine for use in anxiety. It is used for treating anxiety and high blood pressure. Given the lack of strong evidence suggesting clinical improvement of anxiety, the request for L-Theanine is not medically necessary or appropriate.