

<b>Case Number:</b>	CM13-0067420		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	10/03/2003
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 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 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 has filed a claim for reflex sympathetic dystrophy of the upper limbs associated with an industry injury of October 03, 2003. Thus far, the patient has been treated with non-steroidal anti-inflammatory drugs (NSAIDs), opioids, sedatives, muscle relaxants, Lidoderm patches, Voltaren gel, bilateral lumbar sympathetic nerve blocks, physical therapy, massage, epidural steroid injections, spinal cord stimulator, and levothyroxine. The patient has an intrathecal drug delivery system for ziconotide and hydromorphone. There is concern regarding the combination of different benzodiazepines, Lunesta, and opioids. In a utilization review report of December 05, 2013, the claims administrator modified a request for lorazepam 1mg from #30 to #15 as it is not recommended for use beyond 4 weeks, and Lunesta 3m from #30 to #15 as there was no current complaint of insomnia. From previous utilization review, report from November 2013 indicates pain in the head, neck, upper back, both shoulders, right elbow, both wrists, both hands, mid and low back, both knees, both ankles, and feet radiating to both legs. There is normal bulk and tone of all muscle groups. A review of progress notes from early 2013 revealed that patient's hands are icy cold. The patient also has poor vision and has facial myofascial spasms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LORAZEPAM 1MG #30:** Upheld

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

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

**Decision rationale:** As noted in the Chronic Pain Medical Treatment Guidelines, 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. This patient has been on lorazepam since at least October 21, 2009. There is authorization for #15 to initiate a weaning process, as long-term use of this medication is not recommended. In addition, this patient is on a combination of benzodiazepines, sedatives, and opioids that is a cause for concern. Therefore, the request for Lorazepam 1mg #30 was not medically necessary per the MTUS guideline recommendations.

**LUNESTA 3MG #30:** 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), Pain (chronic).

**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 treatment.

**Decision rationale:** The CA MTUS does not specifically address this issue. The Official Disability Guidelines (ODG) states Eszopiclone (Lunesta) is a non-benzodiazepine sedative-hypnotic and is a first-line medication for insomnia; it is a schedule IV controlled substance that has potential for abuse and dependency; and withdrawal may occur with abrupt discontinuation. The patient has been on Lunesta since at least September 30, 2009. There is however no documentation of insomnia or sleep difficulties in this patient. There is authorization for #15 of this medication to initiate a weaning process. Therefore, the request for Lunesta 3mg #30 was not medically necessary per ODG guideline recommendations.