

<b>Case Number:</b>	CM13-0071046		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	05/21/2007
<b>Decision Date:</b>	06/05/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 Psychiatry 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 [REDACTED] employee who has filed a claim for depression and left knee pain associated with an industrial injury date of May 21, 2007. Thus far, the patient has been treated with Ativan, Klonopin, Ambien, and Fluoxetine. With regards to the left knee, patient has had physical therapy, NSAIDs, and opioids. A review of progress notes reports difficulty maintaining sleep, daytime somnolence, depressed mood, anxiety, social withdrawal, and decreased libido. There is note that Ativan and Ambien together help the patient sleep up to 5-6 hours a night. The utilization review dated December 17, 2013 indicates that the claims administrator denied a retrospective request for Zolpidem Tartrate 12.5mg (between 08/21/13 and 10/21/13) as it is only recommended for use for 2-6 weeks, Lorazepam 1mg (between 06/18/13 and 07/17/13) as it is not recommended for long-term use, Lunesta 3mg (for 07/23/13) as there is no documentation of benefits derived from this medication and Fluoxetine 20mg (between 07/17/13 and 10/21/13) as there was no improvement in depression symptoms.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RETROSPECTIVE REQUESTS FOR ZOLPIDEM TARTRATE 12.5MG #90: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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, Ambien (Zolpidem Tartrate) and FDA.

**Decision rationale:** According to ODG and FDA, Ambien (Zolpidem Tartrate) is approved for the short-term (usually two to six weeks) treatment of insomnia. There is also concern that it may increase pain and depression over the long-term. Patient has been on this medication since March 2013. This medication is being used in conjunction with Ativan to manage patient's difficulty maintaining sleep. There is note of improvement in patient's sleep pattern. However, this medication is not recommended for long-term use. Therefore, the retrospective request for Zolpidem Tartrate 12.5mg, #90 is not medically necessary per the guideline recommendations of ODG and FDA.

**RETROSPECTIVE REQUEST FOR LORAZEPAM 1MG #75: Upheld**

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

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

**Decision rationale:** As noted on page 24 of 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. The patient has been on a benzodiazepine (Klonopin) since March 2013, and was started on Lorazepam (Ativan) on May 2013. This medication is being used in combination with Ambien to manage the patient's difficulty with sleep maintenance. Progress notes indicate that Ativan has been a good sleep medication for this patient but there is no description regarding the objective functional benefits derived. In addition, this medication is not recommended for long-term use. Therefore, the retrospective request for Lorazepam 1mg, #75 is not medically necessary per the guideline recommendations of California MTUS.

**RETROSPECTIVE REQUEST FOR 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, Mental Illness and Stress.

**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 California MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines, (ODG), Pain Chapter was used instead. It states that 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. There is note from July 2013 that patient's sleep pattern has improved on Ativan and Ambien. There is no clear indication as to why an additional sedative is to be added to the patient's medication regimen at this time. Therefore, the retrospective request for Lunesta 3mg, #30 is not medically necessary per the guideline recommendations of ODG.

**RETROSPECTIVE REQUEST FOR FLUOXETINE 20MG, #135: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness and Stress.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter, Prozac; Antidepressants for MDD.

**Decision rationale:** California MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines, (ODG), Mental Illness and Stress Chapter was used instead. It states that Prozac is recommended as a first-line treatment option for major depressive disorder. For patients with mild to moderate depression, antidepressants may have little or no therapeutic benefit. Patient has been on this medication since June 2013, and dosage of this medication was increased from 10mg to 20mg in July 02, 2013. The progress reports indicate that the patient still has persistent depressive symptoms and is withdrawn. There is no description regarding the severity of patient's depression, functional benefits derived from increasing the dosage of this medication, or a trial of combination psychotherapy with medications to improve the patient's depressive symptoms. Therefore, the retrospective request for Fluoxetine 20mg, #135 is not medically necessary per the guideline recommendations of ODG.