

<b>Case Number:</b>	CM14-0009093		
<b>Date Assigned:</b>	02/12/2014	<b>Date of Injury:</b>	09/02/2004
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	01/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician 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 Physician 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:

This is a 55-year-old male patient with a 9/2/04 date of injury. The mechanism of injury was not provided. A 1/17/14 progress report indicated that the patient complained of low back pain, right hip pain and right knee pain. Physical exam demonstrated right knee restricted range of motion with flexion up to 60 degrees. Pain level ranges from 2 to 9/10. He was diagnosed with lumbar postlaminectomy syndrome, osteoarthritis of the knee, trochanteric bursitis, and myofascial pain syndrome. Treatment to date: medication management, spinal cord stimulator. There is documentation of a previous 1/7/14 adverse determination, based on a fact that there was no documentation to support the necessity of Clonazepam and Lunesta for treatment of injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CLONAZEPAM 0.5MG #30 NO REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SECTION BENZODIAZEPINES.

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

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines indicate that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They 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. However, the injured worker was taking Clonazepam chronically. Guidelines indicate that chronic benzodiazepines are the treatment of choice in very few conditions. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. Therefore, the request for Clonazepam 0.5mg #30 No Refills was not medically necessary.

**LUNESTA 3MG #30 NO REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES.

**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.

**Decision rationale:** The California MTUS guidelines do not address this issue. The ODG indicates that Eszopiclone (Lunesta) is a non-benzodiazepine sedative-hypnotic (benzodiazepine-receptor agonist) and is a first-line medication for insomnia; it is a schedule IV controlled substance that has potential for abuse and dependency; side effects: dry mouth, unpleasant taste, drowsiness, dizziness; sleep-related activities such as driving, eating, cooking and phone calling have occurred; and withdrawal may occur with abrupt discontinuation. However, the injured worker was taking Lunesta for a long time. There was no discussion documented regarding proper sleep hygiene with the injured worker. It is also noted that the injured worker was taking Lunesta in combination with Clonazepam at bedtime, which increases the risk of over-sedation. Guidelines do not support the long-term use of sedative hypnotics due to the risk of dependence, and abuse. Therefore, the request for Lunesta 3mg #30 No Refills was not medically necessary.