

<b>Case Number:</b>	CM14-0106453		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	09/21/2011
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/09/2014

### 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 and is licensed to practice in Texas and Ohio. 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 injured worker is a 39-year-old female who reported an injury on 09/21/2011 secondary to a confrontation with a coworker. Her diagnoses include fibromyalgia, major depressive disorder, generalized anxiety disorder, rheumatoid arthritis, and post-traumatic stress disorder. Previous treatments for this injury were noted to include medications and psychotherapy. At the most recent evaluation on 05/28/2014, the injured worker reported joint pain in the hands, shoulders, toes, and ankles, as well as pain all over her body. She reported that she had no significant improvement with medications. The injured worker also reported difficulty sleeping and anxiety and depressive symptoms. She reported that sleep function was "good with Lunesta." On physical examination, the injured worker was noted to have no abnormal findings. There were no psychometric tests performed on this date. Her medications on this date were noted to include Lunesta (eszopiclone) and Cymbalta (duloxetine). It was noted that duloxetine was prescribed for depression and fibromyalgia. The injured worker was noted to have severe depression, anxiety disorder, and post-traumatic stress disorder, as well as severe rheumatoid arthritis. The injured worker was also noted to have sleep disorder. She was recommended to undergo a sleep study to assess for sleep apnea. The medical records submitted for review indicate that the injured worker has used eszopiclone since at least 11/25/2013 and duloxetine since at least 02/14/2012. A request for authorization was submitted for duloxetine 60 mg #60 and eszopiclone 3 mg #30. The medical records submitted for review fail to provide a rationale for the requested medications or a request for authorization form.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Duloxetine 60mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressant, Cymbalta Page(s): 43-44.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, pages 15-16 Page(s): 15-16.

**Decision rationale:** The request for duloxetine 60 mg #60 is non-certified. The California MTUS Guidelines state that duloxetine is approved for anxiety, depression, and fibromyalgia. The medical records submitted for review indicate that the injured worker has anxiety, depression, and fibromyalgia. However, there is a lack of recent documented evidence to indicate objective quantifiable pain relief and/or functional improvement with the injured worker's use of duloxetine. Therefore, it cannot be determined that the injured worker would benefit significantly from ongoing use of duloxetine at this time. Additionally, the request as written did not specify a frequency. Therefore, it cannot be determined that the requested medication has been prescribed in a safe and effective manner or that the request allows for timely reassessment of medication efficacy. For the aforementioned reasons, the medical necessity of duloxetine has not been established at this time. As such, the request for duloxetine 60 mg #60 is non-certified.

**Eszopiclone 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, Non-Benzodiazepine Sedative-Hypnotics.

**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 & Stress Chapter, Eszopiclone (Lunesta).

**Decision rationale:** The request for eszopiclone 3 mg #30 is non-certified. The Official Disability Guidelines state that eszopiclone is not recommended for long-term use, but may be recommended for a maximum duration of 3 weeks in the first 2 months of injury only. These guidelines state that chronic use is discouraged and that sleeping pills are rarely recommended for long-term use. As it was noted that the injured worker has used the requested medication since at least 11/25/2013, additional use of this medication would be excessive according to the evidence-based guidelines for treatment duration. Furthermore, there is a lack of recent documented evidence to indicate quantifiable improvement in sleep function with the injured worker's use of this medication. Therefore, it cannot be determined that the injured worker would benefit significantly from ongoing use of this medication. For the aforementioned reasons, the medical necessity of eszopiclone has not been established at this time. As such, the request for eszopiclone 3 mg #30 is non-certified.

