

<b>Case Number:</b>	CM14-0013061		
<b>Date Assigned:</b>	02/24/2014	<b>Date of Injury:</b>	04/20/1992
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/01/2014

### 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. 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 49 year old female injured on 04/20/92 due to an undisclosed mechanism of injury. Current diagnoses include bilateral carpal tunnel syndrome status post multiple surgeries, chronic neuropathic pain at bilateral upper extremities, right rotator cuff tear status post surgical repair, and bilateral ulnar neuropathy. Clinical documentation indicates the injured worker presented with continued right shoulder pain, bilateral wrist pain, and upper extremity pain. The documentation indicates she reported continuing dropping objects including her medications which caused her to run out 2 days early. The injured worker reports difficulty sleeping with Lunesta and has had help with Trazadone in the past. The injured worker continues to take Nucynta 100mg, 6 per day for pain and Klonopin 1mg PRN for anxiety and muscle spasms. Physical examination reveals decreased sensation to palpation of the right hand, mild decreased grip strength to the right hand, positive tenderness and impingement signs of the right shoulder. The documentation indicates the injured worker is independent for activities of daily living and functions at her baseline. The injured worker is noted to have received an IM Toradol injection in the office to help with the exacerbation of bilateral wrist pain. The initial request for a prescription of Lunesta 3mg #30, Klonopin 1.0mg #60 and retrospective request for Toradol intermuscular injection, quantity 1 was initially not medically necessary on 01/02/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRESCRIPTION OF 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).

**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, Eszopicolone (Lunesta).

**Decision rationale:** As noted in the current Mental Illness & Stress chapter of the Official Disability Guidelines - Online version, Lunesta is not recommended for long-term use, but recommended for short-term use. Guidelines recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. Additionally, the documentation indication the injured worker reported the Lunesta was ineffective in treating her sleep disorder. As such, the request for prescription of Lunesta 3mg, #30 cannot be recommended as medically necessary under Official Disability Guidelines (ODG).

**PRESCRIPTION OF KLONOPIN 1.0MG, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Benzodiazepines, Page(s).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical 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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. The injured worker has exceeded the 4 week treatment window. As such, the request for prescription of Klonopin 1.0MG, #60 cannot be recommended at this time.

**RETROSPECTIVE REQUEST (12/04/13) FOR PRESCRIPTION OF TORADOL INTRAMUSCULAR (IM) INJECTION, QTY: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDs, specific drug l.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDs, specific drug list & adverse effects, Page(s).

**Decision rationale:** As noted on page 72 of the Chronic Pain Medical Treatment Guidelines, Toradol is not indicated for minor or chronic painful conditions. There is no indication in the

documentation provided that the injured worker was being treated for an acute injury. As such, the request for retrospective request (12/04/13) for prescription of Toradol intramuscular (im) injection, QTY: 1.00 cannot be recommended as medically necessary.