

<b>Case Number:</b>	CM14-0153044		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	03/26/2007
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 Internal 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 is an injured worker with the diagnoses of disc disorder lumbar, post lumbar laminectomy syndrome, and depression with anxiety. Primary treating physician's progress report dated August 6, 2014 documented subjective complaints of low back pain radiating down both legs. Date of injury was 3/26/2007. Current medications included Lodine, Gabapentin, Pristiq, Lunesta, MS Contin, and Norco. Physical examination was documented. The patient is well groomed. The patient appears to be well nourished and well developed. The patient appears to be calm, depressed and in mild pain. He has good communication ability. He does not show signs of intoxication or withdrawal. The patient has antalgic gait. On inspection of the lumbar spine reveals loss of normal lordosis with straightening of the lumbar spine and surgical scar. Range of motion is restricted with flexion limited to 35 degrees limited by pain, extension limited to 5 degrees limited by pain, right lateral bending limited to 15 degrees limited by pain and left lateral bending limited to 20 degrees limited by pain. On palpation, paravertebral muscles, hypertonicity, spasm and tenderness is noted on both the sides. Spinous process tenderness is noted on L3, L4 and L5. Diagnoses were disc disorder lumbar, post lumbar laminectomy syndrome, and depression with anxiety. Treatment plan included Norco and MS Contin. Agreed medical examination (AME) in Psychiatry dated 2/3/14 documented the diagnosis of major depressive disorder. Progress reports dated 2/19/14, 3/19/14, 4/16/14, 6/2/14, and 8/6/14 documented prescriptions for Lunesta. Utilization review determination date was 8/27/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lunesta 3 Mg #20 With 1 Refill: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Treatment Utilization Schedule (MTUS) does not address Lunesta (Eszopiclone). Official Disability Guidelines (ODG) Mental Illness & Stress Eszopiclone (Lunesta)

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) does not address Lunesta (Eszopiclone). Official Disability Guidelines (ODG) state that Lunesta (Eszopiclone) is not recommended for long-term use, but recommended for short-term use. ODG 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. Sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are rarely, if ever, recommended by pain specialists for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. In general, receiving hypnotic prescriptions was associated with greater than a threefold increased hazard of death even when prescribed less than 18 pills/year. Previously recommended doses can cause impairment to driving skills, memory, and coordination as long as 11 hours after the drug is taken. Despite these long-lasting effects, patients were often unaware they were impaired. Medical records document the long-term use of Lunesta, which is not supported by ODG guidelines. Progress reports dated 2/19/14, 3/19/14, 4/16/14, 6/2/14, and 8/6/14 documented prescriptions for Lunesta. ODG guidelines do not support the long-term use of Lunesta. Therefore, the request for Lunesta 3 Mg #20 With 1 Refill is not medically necessary.

**Pristiq 50mg #60 With 5 Refills: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16. Decision based on Non-MTUS Citation FDA Prescribing Information Pristiq <http://www.drugs.com/pro/pristiq.html>

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that antidepressants for chronic pain is an option for neuropathic pain, and a possibility for non-neuropathic pain. MTUS does not specifically address Pristiq. FDA prescribing information state that Pristiq is indicated for the treatment of major depressive disorder. Agreed medical examination (AME) in Psychiatry dated 2/3/14 documented the diagnosis of major depressive disorder. Progress report dated 8/6/14 documented the diagnosis of depression with anxiety and the medication Pristiq. Per FDA guidelines, Pristiq is indicated for major depressive disorder. Medical records document that the patient has the diagnosis of major

depressive disorder. Therefore, the use of Pristiq is supported in this patient. Therefore, the request for Pristiq 50mg #60 With 5 Refills is medically necessary.