

<b>Case Number:</b>	CM14-0158464		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	11/30/2008
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 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 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 applicant is a represented [REDACTED], employee who has filed a claim for major depressive disorder (MDD) reportedly associated with an industrial injury of November 30, 2009. Thus far, the applicant has been treated with the following: Psychotropic medications; unspecified amounts of psychotherapy; and sleep aids. In a Utilization Review Report dated September 15, 2014, the claims administrator apparently approved a request for Pristiq, while denying request for Lunesta and Xanax. The applicant's attorney subsequently appealed. In a medical-legal evaluation dated June 7, 2012, it was acknowledged that the applicant was "unable to work" owing to persistent upper extremity pain, weakness, numbness, and depression. On March 17, 2014, it was noted that the applicant was using Pristiq for depression. The applicant was also using Xanax for anxiolytic effect two to three times a day, and using Lunesta on a nighttime basis for insomnia. The applicant was described as off of work and "totally disabled from gainful employment." The applicant was reportedly less nervous and anxious, it was stated on this occasion. On April 16, 2014, the applicant was described as still having issues with anxiety and panic attacks. The applicant was not doing well. The applicant was using Xanax two to three times daily and Lunesta nightly for insomnia as well as Pristiq for depression and anxiety. On a May 15, 2014 progress note, the applicant was again described as not doing well from a mental health perspective. Sleep disturbance and anxiety were still evident, despite ongoing usage of Lunesta and Xanax.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lunesta 3mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Management section. Page(s): 7. Decision based on Non-MTUS Citation ODG Mental illness and Stress Chapter, Eszopiclone topic.

**Decision rationale:** The MTUS does not address the topic. As noted in ODG's Mental Illness and Stress Chapter Eszopiclone Topic, Eszopiclone or Lunesta is not recommended for long-term use purposes. In this case, the applicant has been using Lunesta for what appears to be a span of several months to several years. It is further noted that ongoing usage of Lunesta has failed to diminish the applicant's symptoms of insomnia. The applicant continues to present from visit to visit reporting ongoing, reportedly worsening symptoms of insomnia. Continuing the same, is not indicated, given the foregoing, particularly in light of the fact that page 7 of the Chronic Pain Medical Treatment Guidelines stipulates that an attending provider incorporate some discussion of medication efficacy into his choice of recommendations. Here, ongoing usage of Lunesta has not proven efficacious. Therefore, the request of Lunesta 3mg is not medically necessary and appropriate.

**Xanax 0.5 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402,.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytic such as Xanax may be appropriate for "brief periods" in cases of overwhelming symptoms, in this case, however, it appears that the applicant is using Xanax on a chronic, long term, and twice to thrice daily use basis, for ongoing complaints of anxiety and panic symptoms. This is not an ACOEM-endorsed role for Xanax. It is further noted that, as with the request for Lunesta, the ongoing usage of Xanax has not proven altogether effective here. Therefore, the request of Xanax 0.5 mg is not medically necessary and appropriate.