

<b>Case Number:</b>	CM14-0176544		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	03/12/2009
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2014

### 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 Psychiatry 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 injured worker is a 46 year old male with date of injury 03/12/2009. The date of the UR decision was 09/29/2014. A report dated 10/21/2014 documented that depressive mood related to the physical condition improved with treatment and medication from the Psychiatrist. It was indicated that he continued to suffer from chronic daily constant pain in back, hip, leg, gait impairment and had poor tolerance to stand/walk. He was being prescribed Nucynta ER 100mg twice daily, Norco and Lyrica for pain and was being prescribed Klonopin, Fetzima 80 mg daily, Abilify 10 mg daily and Lunesta 3 mg nightly for psychiatric symptoms. A psychiatric progress report dated 8/8/2014 suggested that the injured worker was being treated for Major Depressive Disorder, Recurrent Secondary to General Medical Condition; Anxiety Disorder and was being prescribed Ativan 1 mg up to two times a day as needed for anxiety #50, Lunesta 3 mg at night as needed for insomnia #20, Abilify 10 mg daily for mood stabilization, and Fetzima 80 mg daily for depression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lunesta 3mg 1 PO QHS PRN #16:** 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), Mental Health and Stress Chapter, Antidepressants for Treatment of MDD

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Insomnia Treatment

**Decision rationale:** The MTUS is silent regarding this issue. The ODG states " Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists) are First-line medications for insomnia. This class of medications includes Zolpidem (Ambien and Ambien CR), Zaleplon (Sonata), and Eszopicolone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which mean they have potential for abuse and dependency. Eszopicolone (Lunesta) has demonstrated reduced sleep latency and sleep maintenance. (Morin, 2007) The only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. A randomized, double blind, controlled clinical trial with 830 primary insomnia patients reported significant improvement in the treatment group when compared to the control group for sleep latency, wake after sleep onset, and total sleep time over a 6-month period. (Walsh, 2007) Side effects: dry mouth, unpleasant taste, drowsiness, dizziness. Sleep-related activities such as driving, eating, cooking and phone calling have occurred. Withdrawal may occur with abrupt discontinuation. (Dosing: 1-2 mg for difficulty falling asleep; 2-3 mg for sleep maintenance) The drug has a rapid onset of action. (Ramakrishnan, 2007) It also states "adding a prescription sleeping pill to cognitive behavioral therapy (CBT) appeared to be the optimal initial treatment approach in patients with persistent insomnia, but after 6 weeks, tapering the medication and continuing with CBT alone produced the best long-term outcome. These results suggest that there is a modest short-term added value to starting therapy with CBT plus a medication, especially with respect to total sleep gained, but that this added value does not persist. In terms of first-line therapy, for acute insomnia lasting less than 6 months, medication is probably the best treatment approach, but for chronic insomnia, a combined approach might give the best of both worlds; however, after a few weeks, the recommendation is to discontinue the medication and continue with CBT. Prescribing medication indefinitely will not work. The authors said that the conclusion that patients do better in the long term if medication is stopped after 6 weeks and only CBT is continued during an additional 6-month period is an important new finding. (Morin, 2009)" The injured worker has been on Lunesta for >6 months. According to the guidelines stated above, medications are not recommended for long term treatment of insomnia. Also, Lunesta has potential for abuse, dependence, withdrawal and tolerance. The request for Lunesta 3mg 1 PO QHS PRN #16 is not medically necessary.

**Fetzima 80mg 1 PO QD #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.rxlist.com/fetzima-drug/indications-dosage.htm>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA.gov- Fetzima

**Decision rationale:** Fetzima is a serotonin and norepinephrine reuptake inhibitor (SNRI) and is approved by the U.S. Food and Drug Administration (FDA) for the treatment of Major

Depressive Disorder (MDD) in adults. A report dated 3/19/2014 indicated that the injured worker was taken off Brintellix and was initiated on Fetzima. There is no evidence of objective functional improvement since this medication has been initiated in March 2014. Also, there was no noted evidence of failure with first-line antidepressants, including SSRIs and TCAs to support the continued use of this medication. There is no clinical indication for continued use of Fetzima. Thus, the request for Fetzima 80mg 1 PO QD #30 is not medically necessary.