MAXIMUS Federal Services

Case Number:	CM14-0184049		
Date Assigned:	11/10/2014	Date of Injury:	09/19/2007
Decision Date:	12/18/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	11/05/2014

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 chronic neck, bilateral shoulder, bilateral wrist, bilateral knee, and bilateral elbow pain reportedly associated with an industrial injury. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; a transcutaneous electrical nerve stimulation (TENS) unit; unspecified amounts of physical therapy; unspecified amounts of manipulative therapy; and extensive periods of time off of work. In a Utilization Review Report dated October 14, 2014, the claims administrator approved a request for Viibryd while partially approving/conditionally approving Klonopin and Lunesta, apparently for weaning or tapering purposes. The applicant's attorney subsequently appealed. In a January 23, 2014 progress note, the applicant was placed off of work, on total temporary disability, from a mental health perspective. The applicant was using Viibryd, Klonopin, and Lunesta as of that point in time. On March 24, 2014, the applicant again reported ongoing complaints of anxiety and depression. The applicant was again using Viibryd, Klonopin, and Lunesta, it was stated. The applicant was using Klonopin twice daily and Lunesta nightly. On September 23, 2014, the applicant was described as having ongoing issues with depression and anxiety, reportedly worsened. It was stated that the applicant distraught and despondent. The applicant stated that her pain was unbearable. Viibryd, Klonopin, and Lunesta were endorsed. It was stated that the applicant was using Klonopin twice daily and Lunesta at nighttime, both of which represented a diminution in anxiolytic medication consumption. The applicant was described as remaining "totally disabled" from a mental health perspective.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin 0.5 mg # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 Klonopin may be appropriate for "brief periods," in cases of overwhelming symptoms, in this case, however, all the information on file points to the applicant's using Klonopin on a long term, chronic, and scheduled use basis, for anxiolytic effect. The applicant has been using Klonopin for what appears to be a minimum of four to six months. This is not an ACOEM-endorsed role for the same. Therefore, the request is not medically necessary.

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

Decision rationale: While the MTUS does not specifically address the topic of Lunesta, page 7 of the MTUS Chronic Pain Medical Treatment Guidelines does stipulate that an attending provider incorporate some discussion of medication efficacy into his choice of recommendations and also factor into account applicant-specific variable such as "other medications" into his choice of pharmacotherapy. Here, however, the applicant is off of work, on total temporary disability, despite usage of Lunesta for what appears to be a minimum of several months. The applicant is consistently described as worsening from a mental health perspective, with symptoms including tearfulness and despondency appreciated on the most recent office visit, referenced above. Ongoing usage of Lunesta does not appear to have curtailed the applicant's symptoms of insomnia, nor did the attending provider provide any rationale for provision of two separate sedative/hypnotic medications, Klonopin and Lunesta. Finally, ODG's mental illness and stress chapter notes that Lunesta (eszopiclone) is "not recommended" for long-term use purposes. In this case, the applicant has, in fact, been using Lunesta for minimum of several months. Such use is incompatible with ODG. Therefore, the request is not medically necessary.