

<b>Case Number:</b>	CM14-0184656		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	10/31/2005
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Psychiatry, and is licensed to practice in Illinois and Wisconsin. 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:

This is a 41 year old female who was injured in October 2005. On 4/11 the provider filed a progress report indicating that the patient had been on Cymbalta 60 mg daily, Prozac 40 mg daily, Xanax 0.5 mg BID (2 times a day) and Lunesta 3 mg at hs (bedtime), evidently with improvement in symptoms. The provider did not submit a lot of detail regarding the patient's presentation and treatment course. The most recent information from June 4th indicates that the patient was still on these medications with a plan to continue them. The provider's request for coverage for the above was modified by the previous reviewer to include Alprazolam 0.5 mg BID #27, Cymbalta 30 mg daily #30, Prozac 20 mg daily # 30, with no refills. The request for coverage for Lunesta was denied due to lack of medical necessity. This is an independent review of the original request for Cymbalta 30 mg BID #60, Prozac 20 mg BID # 60, Alprazolam 0.5 mg BID # 60 and Lunesta 3 mg daily # 30 all with two refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Alprazolam 0.5mg, #45 refill: 2:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402, Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 24.

**Decision rationale:** ACOEM indicates that benzodiazepines are not recommended as a first line treatment for stress related conditions and the State of California MTUS recommends that their use be limited to 4 weeks at most. The documentation submitted did not provide a clear indication as to why the patient was on Xanax and it is clear that she has been on the medication at least since April. The request for an additional one month supply and two refills thus is clearly not indicated according to the evidence based guidelines cited above and thus should be considered as not medically necessary.

**Cymbalta 30mg, #60 refill: 2: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta); Antidepressants for chronic pain Page(s): 1.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain interventions and Treatments Page(s): 13-16.

**Decision rationale:** The cited guidelines above recommend antidepressants as a first line option for neuropathic pain and as a "possible option" for non neuropathic pain. The patient is on two antidepressants and the rationale is not clear. Given that Cymbalta is approved by the FDA for analgesic indications as well as depression, its use appears to be supported by FDA standards as well as the evidence based guidelines set forth by the State of California MTUS. The request is medically necessary.

**Fluoxetine 20mg, #60 refill: 2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants; for chronic pain Page(s): 13-15.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Practice Guideline for the Treatment of Patients with Major Depressive Disorder, Third Edition, APA, October 1st, 2010

**Decision rationale:** The above cited reference indicates "brief courses" of antidepressant medications but does not recommend a specific duration. While APA (American Psychiatric Association) Practice Guidelines indicate that Major Depression should be treated for at least 6-12 months, the patient's diagnosis is not clear and the information received by the provider does not give a rationale for the use of two antidepressant medications. It is not known how long the patient has been on this medication but it appears that she has been on it since at least April. The previous reviewer authorized an additional 30 for the purpose of tapering the medication. Reinstitution could be considered if the patient becomes symptomatic following discontinuation, but medical necessity for this antidepressant in conjunction with another is established neither in

accord with the evidence based ACOEM or the patient's specific clinical condition. The request is not medically necessary.

**Lunesta 3mg, #30 refill: 2:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 11th Edition (web), 2014, Pain Chapter; Eszopicolone (Lunesta)

**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 and Stress, Summary of Medical Evidence

**Decision rationale:** The previous reviewer erroneously indicated that the above medication was only indicated for a maximum of 5 weeks. The ODG indicate that this is the only benzodiazepine agonist which is indicated for more than 35 days according to the FDA and indicates that studies have shown efficacy for up to 6 months. The provider's note documents a response to and need to continue this medication. As such the use of Lunesta is supported by the evidence based guideline cited above and thus its ongoing use should be considered as medically necessary.