

Case Number:	CM14-0072776		
Date Assigned:	07/16/2014	Date of Injury:	02/16/1982
Decision Date:	08/15/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/19/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 a 62 year old male with an injury date on 02/16/1992. Based on the 02/06/2014 progress report provided by [REDACTED], the patient presents with a recent episodes of chest pain and sleep and has increased but still has periods in which he is awake all night. The diagnoses were not provided in the 02/06/2014 to 07/07/2014 reports. There were no other significant findings noted on this report. The utilization review denied the request on 05/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tranxene 3.75 mg quantity 60: Upheld

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

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

Decision rationale: The MTUS Guidelines page 24 state benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence. Review of the reports show that the treating physician refilled the patient Tranxene 3.75 mg quantity 60. Benzodiazepines run the risk of dependence and difficulty of weaning per MTUS

and the Official Disability Guidelines. It is not recommended for a long-term use. Given that the treating physician refilled this medication for a long-term basis, the request for Tranxene 3.75 mg quantity 60 is not medically necessary and appropriate.

Lorazepam 0.5 mg quantity 30: Upheld

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

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

Decision rationale: According to the 02/06/2014 report by [REDACTED] this patient presents with a recent episodes of chest pain and "sleep has increased." The treater is requesting Lorazepam 0.5 mg quantity 30. The MTUS Guidelines page 24 state "benzodiazepines are not recommended for long-term use because long-term efficacies are unproven and there is a risk of dependence." Review of the reports show that the treat refilled the patient Lorazepam 0.5 mg quantity 30. Benzodiazepines run the risk of dependence and difficulty of weaning per MTUS and ODG Guidelines. It is not recommended for a long-term use. Given that the treater refilled this medication for a long-term basis, recommendation is for denial.

Lunesta 3 mg quantity 30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The MTUS/ACOEM Guidelines do not discuss, but the Official Disability Guidelines (ODG) Guidelines discuss Lunesta under insomnia and state Lunesta has demonstrated reduced sleep latency and sleep maintenance. The only benzodiazepine receptor agonist FDA approved for use longer than 35 days. According to the 02/06/2014 report by [REDACTED] this patient presents with a recent episodes of chest pain and "sleep has increased but still has periods in which he is awake all night". Therefore, the request for Lunesta 3 mg quantity 30 is medically necessary and appropriate.