

<b>Case Number:</b>	CM14-0075926		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	08/31/1999
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	05/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 Internal 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 injured worker (IW) is a 56-year-old woman with a date of injury of August 31, 1999. The mechanism of injury was not documented in the medical record. The IW continues to be seen approximately once every 8 weeks for psychotropic medication management. Her renal condition remains stable. She denies any significant change in back or left knee pain. The injured worker's depression remains stable since her last visit with the psychiatrist on April 22, 2014. She has not been sleeping well, and has been unable to obtain Lunesta. Objective findings include blood pressure of 135/87. Her diagnosis is major depressive disorder, moderate. Pursuant to the Primary Treating Physician's Progress Note (PR-2) dated April 23, 2014, the IW complains of pain in her left hand. The pain is constant and unchanged from last visit. She also complains of pain in her mid back that has increased since last visit. She states that she has occasional tingling and numbness in her legs to the level of her knees. Her Nephrologist told the IW that the numbness and tingling was probably due to her kidney disease. Diagnoses include Mid back pain of the sprain/strain variety, Low back pain with MRI scan evidence (11/02/02) of a 2 mm disc bulge at L3-L4, 2 mm disc bulge at L2-L3 and a 1-2 mm disc bulge at L4-L5 and L5-S1, Right knee sprain with unremarkable MRI scan March 2000, Left hand sprain, post-traumatic head syndrome, left wrist ganglion cyst, and major depressive disorder. Treatment plan recommendations include continued psychiatric follow-up every 2 months, and medication management with Zoloft, and Lunesta.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zoloft 50mg with one refill:** 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 Illness & Stress

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Zoloft

**Decision rationale:** Pursuant to the Official Disability Guidelines, Zoloft 50 mg one refill is not medically necessary. Zoloft is recommended as first-line treatment for major depressive disorders. In this case, the documentation reflects the injured worker has a diagnosis of major depressive disorder and is doing well maintained on Zoloft 50 mg. There was no physical examination performed. Previous requests for Zoloft were 50 mg #60. However, the Zoloft request was missing the indicated quantity. Absent the intended Zoloft quantity, medication request is not medically necessary. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Zoloft 50mg with one refill is not medically necessary and appropriate.

**Lunesta 3mg, with one refill:** 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), Pain (Chronic)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Lunesta

**Decision rationale:** Pursuant to Official Disability Guidelines, Lunesta is not medically necessary. Lunesta is indicated for the treatment of insomnia. Lunesta has demonstrated efficacy in reduced sleep latency and improved sleep maintenance. Additionally, it is the only benzodiazepine receptor agonist that is FDA approved for use longer than 35 days. The Official Disability Guidelines contain information regarding follow-up for injured workers while on psychotropic medications. Withdrawal may occur after abrupt discontinuation. The guidelines recommend office visits/follow-up as determined to be medically necessary. In this case, Lunesta has successfully assisted the injured worker in sleep. Previous documentation shows the injured worker gets five hours of sleep per night while maintained on Lunesta. Per psychiatry, follow up was every 2 months. Previous requests were for Lunesta 3 mg #60. Absent the intended Lunesta quantity, the medication request is not medically necessary. There was no quantity on the present request. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, the Lunesta 3mg, with one refill is not medically necessary and appropriate.