

Case Number:	CM14-0076056		
Date Assigned:	07/16/2014	Date of Injury:	06/20/2003
Decision Date:	08/27/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	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 Occupational Medicine, and is licensed to practice in New York and North Carolina. 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 worker claims injury 6/20/2003, stating she had a repetitive injury to her neck, shoulders and lower back while operating machines requiring lifting, twisting, bending and climbing. She is appealing the 5/9/2014 denial of Xanax and Lunesta in the treatment of her chronic pain. Her diagnoses include lumbar right radiculopathy with HNP, s/p ACDF and hardware removal, chronic shoulder pain, and right hip pain. She is on Dilaudid 8 mg q 6 hr PRN, Exalgo ER 16 mg QD, Lunesta 3 mg qHS, Ultram 50 mg BID, Xanax 0.5 mg QD and Omeprazole 20 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xanax 0.5mg #30, 3 refills: 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: She is requesting 1 (0.5 mg) po QD. Benzodiazepines are not recommended for long-term use because efficacy is not proven and there is risk of dependency. A four-week limit is usually recommended. There is no evidence to support long-term use of Xanax/alprazolam, and the request is denied.

Lunesta 3mg #30, 3 refills: Upheld

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

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: Treatment of insomnia should only be initiated after careful evaluation, including looking for psychiatric or medical causes. The specific component of insomnia should be addressed: sleep onset, sleep maintenance; sleep quality; and next-day functioning. Lunesta is the only benzodiazepine-receptor agonist indicated for use more than 35 days. It helps decrease sleep latency and improves sleep maintenance. She is requesting 1 (3 mg) po qHs. The approved dosing depends on what is to be accomplished: 1-2 mg per night for difficulty falling asleep, and 2-3 mg per night for sleep maintenance is prescribed. There is no diagnosis of primary or secondary insomnia noted. There is no information in the records review about her sleep onset, maintenance or quality. There is no evidence of how Lunesta has been helping thus far. There is not enough information that supports her need for chronic insomnia management, and hence the request is denied and the original decision upheld.