

Case Number:	CM14-0082529		
Date Assigned:	07/21/2014	Date of Injury:	06/13/2001
Decision Date:	09/22/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/04/2014

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 claimant injured her low back on 06/13/01. Cymbalta and Lunesta are under review. She had an MRI in December 2013 that showed laminectomy defects at L4-5 with focal disc protrusions abutting the thecal sac at multiple levels. There are multilevel degenerative changes. She reports difficulty sleeping. On 02/06/14, a new MRI was pending. Again weaning off medications was underway. She has been on Cymbalta since at least 2013. Other medication use is unknown. She saw [REDACTED] on 03/20/14. She is status post lumbar laminectomy and discectomy and has chronic low back pain. Her pain was level 4-5/10 and was stabbing. The TENS unit helped. She stated the Lunesta was denied but she was able to sleep while taking it. She had a healed incision with spasm and painful limited range of motion. There was positive straight leg raising on the right side. She had tenderness of the low back. Lunesta #40 and Cymbalta #60 were prescribed; she had failed Ambien and Restoril. She was to continue her creams and heating pad and her exercise program. She was also to continue Cymbalta and work on weaning off the medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Capsules of Cymbalta 60 mg: Overturned

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 Antidepressants/Duloxetine Page(s): 77.

Decision rationale: The history and documentation support the request for ongoing use of Cymbalta. The MTUS state "duloxetine (Cymbalta) may be recommended as an option in first-line treatment option in neuropathic pain. Duloxetine (Cymbalta) is a norepinephrine and serotonin reuptake inhibitor antidepressant (SNRIs). It has FDA approval for treatment of depression, generalized anxiety disorder, and for the treatment of pain related to diabetic neuropathy, with effect found to be significant by the end of week 1 (effect measured as a 30% reduction in baseline pain). The starting dose is 20-60 mg/day, and no advantage has been found by increasing the dose to twice a day, except in fibromyalgia." In this case, the use of a sleep medication (Lunesta) does not appear to be appropriate and is being denied. Cymbalta can be used for anxiety/depression along with chronic neuropathic pain and may help with sleep while Lunesta is being discontinued. The medical necessity of the continuation of the use of Cymbalta 60 mg #30 can be supported in this case, especially since Lunesta is being non-certified.

30 Tablets of Lunesta 3 mg: Upheld

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

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

Decision rationale: The history and documentation do not objectively support the request for continued use of Lunesta. The MTUS do not address specific sleep medications. The ODG formulary states "Lunesta is not recommended for long-term use, but recommended for short-term use. See Insomnia treatment: "Recommend that treatment be based on the etiology, with the medications recommended below. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning." Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. In this study, eszopiclone (Lunesta) had a Hazard ratio for death of 30.62 (C.I., 12.90 to 72.72), compared to zolpidem at 4.82 (4.06 to 5.74). In general, receiving hypnotic prescriptions was associated with greater than a threefold increased hazard of death even when prescribed fewer than 18 pills/year. (Kripke, 2012) The FDA has lowered the recommended starting dose of eszopiclone (Lunesta) from 2 mg to 1 mg for both men and women. Previously recommended doses can cause impairment to driving skills, memory, and coordination as long as 11 hours after the drug is taken." In this, the etiology of the claimant's

sleep problems is unclear. There is no evidence that a full history has been taken and that she has failed trials of simple sleep hygiene following instruction. This type of medication is not recommended for long term use. The medical necessity of continued use of Lunesta 3 mg #30 has not been clearly demonstrated.