

<b>Case Number:</b>	CM14-0089313		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	02/20/2003
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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 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:

This 57-year-old patient sustained an injury on 2/20/2003 while employed by [REDACTED]. Requests under consideration include Lunesta 3 mg #60 with 2 refills, for a total of #180 and Valium 15 mg #60 with 2 refills, for a total of #120. Agreed Medical Exam (AME) report of 5/24/10 had diagnoses to include L3-S1 degenerative and/or disc disease status post L3-S1 decompression fusion on 8/18/09; bilateral knee pain. Functional Restoration Program summary report of 12/27/13 noted patient with outpatient drug detoxification on 11/5/13 with anticipated interdisciplinary rehabilitation program from 11/12/13 to 12/27/13. Medications include MS Contin, Nexium, Prochlorperazine, Maxalt, Lunesta, Methadone, Zanaflex, Xanax, and Zofran. Report of 5/8/14 from the provider noted increase in anxiety due to pain level. Zanaflex helps with spasm, had not had success with antidepressants for pain or anxiety control, but found Valium helpful. Exam showed stiffness and guarding with transfers, antalgic gait due to stiffness in legs, functional range of upper and lower extremities; 5/5 motor strength; lumbar flexion/extension of 70/20 degrees with tenderness. Diagnoses include mechanical low back pain and discogenic mid and low back pain. Medications were refilled. The patient remained off work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lunesta 3mg #60 with 2 refills, for a total of #180: 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 Insomnia Treatment.

**Decision rationale:** The request for Lunesta 3mg #60 with 2 refills for a total of #180 was found to be medically not necessary. Hypnotics are not included among the multiple medications noted to be optional adjuvant medications, per the Official Disability Guidelines (ODG), "Pain". Additionally, Lunesta is a non-benzodiazepine-like, Schedule IV controlled substance. Long-term use is not recommended as efficacy is unproven with a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic use is the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Submitted documents have not demonstrated any functional improvement from Lunesta treatment prescribed for quite some time for this 2009 injury. The Lunesta 3 mg #60 with 2 refills, for a total of #180 is not medically necessary and appropriate.

**Valium 15mg #60 with 2 refills, for a total of #120:** 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): 23.

**Decision rationale:** Report of 5/8/14 from the provider noted increase in anxiety due to pain level; Zanaflex helps with spasm; had not had success with antidepressants for pain or anxiety control but found Valium helpful. Exam showed stiffness and guarding with transfers, antalgic gait due to stiffness in legs, functional range of upper and lower extremities; 5/5 motor strength; lumbar flex/ext of 70/20 degrees with tenderness. Diagnoses include mechanical low back pain and discogenic mid and low back pain. Medications were refilled. The patient remained off work. The request for Valium 15mg #60 with 2 refills, for a total of #120 was modified for quantity #30 with no refills on 5/16/14. Valium is an anti-anxiety medication in the benzodiazepine family and like other benzodiazepines, act by enhancing the effects of gamma-aminobutyric acid (GABA) in the brain. GABA is a neurotransmitter (a chemical that nerve cells use to communicate with each other) which inhibits many of the activities of the brain. It is believed that excessive activity in the brain may lead to anxiety or other psychiatric disorders. Valium also is used to prevent certain types of seizures. Valium is used for the short-term relief of the symptoms of anxiety. It is used for certain types of seizures, specifically petit mal seizures, akinetic seizures, and myoclonus, as well as Lennox-Gastaut syndrome. Submitted reports have not adequately addressed the indication for Valium's continued use for the chronic injury of 2003 nor is there documented functional efficacy from treatment already rendered. Valium 15mg #60 with 2 refills, for a total of #120 is not medically necessary and appropriate

