

Case Number:	CM14-0099011		
Date Assigned:	07/28/2014	Date of Injury:	03/22/2012
Decision Date:	11/18/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/27/2014

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 Montana. 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 was injured on 3/22/12 when she fell down some stairs at work. She injured her neck, low back and left foot and ankle. Additionally she has a cumulative stress related injury and obstructive sleep apnea. She has been diagnosed with major depressive disorder and chronic pain with secondary depression, anxiety, fatigue and insomnia. She continues to be seen by mental health professionals who are managing her medications and therapy. Other treatments for this injury have included physical therapy, chiropractic treatment, trigger point injections, acupuncture and injections. Current medications include Celexa 30 mg every morning, Ativan 0.5 mg every morning, and Lunesta 3 mg at bedtime. The utilization review on 5/29/14 modified the request for continued treatment with Lunesta and Ativan, certifying a 30 day supply for the purpose of weaning off of those medications. The primary treating physician has requested Lunesta 3 mg 1 at bedtime #30 and Ativan 0.5 mg 1 in the morning #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg #30: Upheld

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

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

Decision rationale: The ODG guidelines state that Eszopiclone (Lunesta) is not recommended for long-term use, but recommended for short-term use. 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 less than 18 pills/year. 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. Despite these long-lasting effects, patients were often unaware they were impaired. In this case the injured worker has been on Lunesta since at least March 2014 and continued use is not consistent with the guidelines. The request for Lunesta, 3 mg #30, is not medically necessary.

Ativan 0.5mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: Ativan is a benzodiazepine type of medication. The MTUS notes that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limiting use to 4 weeks. The range of action includes sedative/hypnotic, anxiolytic, anticonvulsants, and muscle relaxant. Chronic benzodiazepines are the treatment of choice and very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this case the request for Ativan, 0.5 mg #45, is not supported in the MTUS guidelines and is not medically necessary.