

Case Number:	CM14-0196495		
Date Assigned:	12/04/2014	Date of Injury:	07/09/2007
Decision Date:	01/15/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/24/2014

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 48-year-old man with a date of injury of July 9, 2007. The mechanism of injury was not documented in the medical record. The current working diagnoses are status post cervical discectomy and fusion at C5-C6, 10/29, 2009; chronic low back pain; status post left carpal tunnel syndrome; status post left carpal tunnel release, June 17, 2011; chronic left knee pain and resection of left trapezium with dystrophic bone formation between the proximal first and second metacarpal; history of gastric bypass; positive NCV studies for the left carpal tunnel syndrome, April 2011; anxiety; and depression. Psyche has been accepted as an industrial injury. Pursuant to the progress reports dated October 30, 2014, the IW continues to suffer from back, neck, and shoulder pain. The IW has lost over 150 pounds. Other subjective findings include numbness and tingling down the left leg and posterior thigh to toes. Satisfactory response to his medications with decreased pain and improved function and quality of life. Current medications include Norco, Xanax, Phentermine, Lunesta and Androgel. The IW has been taking Lunesta for sleep since November 19, 2012. Prior to Lunesta, the IW was taking Ambien since May of 2012. He reports no side effects and states his sleep is improved. The IW has been taking Xanax since October 29, 2014. Prior to taking Xanax, the IW had been taking Klonopin 10/25/2012 to September 3, 2014. Documentation indicated that the Klonopin was no longer being approved by workman's compensation, subsequently, it was changed to Xanax. Objective physical findings reveal tenderness to palpation at the lumbosacral junction up towards the left side thoracolumbar area. He does have a large lipoma that is also tender to palpation. He has positive straight leg raise test on the left. The current request is for Lunesta 2mg #60, and Xanax 1mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Request for 1 Prescription of Lunesta 2mg #60: 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); Pain/Mental Chapter, Lunesta

Decision rationale: Pursuant to the Official Disability Guidelines, prospective request for one prescription Lunesta 2 mg #60 is not medically necessary. Lunesta is not recommended for long-term use but recommended for short-term use. The guidelines recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. They can be habit-forming and may impair function and memory when opiates. In this case, the injured worker is 48 years old with a date of injury July 9, 2007. The injured worker complains of back, neck and shoulder pain. There is tenderness in both the thoracolumbar and lumbosacral regions. Diagnoses include status post cervical discectomy; fusion at C5 - C6; chronic low back pain; status post left wrist surgery for complex ligamentous injury; history of gastric bypass; positive nerve conduction studies for left carpal tunnel syndrome; status post left carpal, release; chronic left knee pain. The injured worker started Ambien May of 2012 and continued through November 2012. Lunesta was started November 19, 2012. The injured worker still takes Lunesta. Lunesta is not recommended for long-term use, but recommended for short-term use. Use in the chronic phase is discouraged. The injured worker has clearly exceeded the recommended guidelines for Lunesta and consequently, Lunesta 2 mg #61 prescriptions, prospective request is not medically necessary.

Prospective Request for 1 Prescription of Xanax 1mg #60: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Benzodiazepines

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, prospective request one prescription Xanax 1 mg #60 is not medically necessary. Benzodiazepines (Xanax) are not recommended for long-term use (longer than two weeks) because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Chronic benzodiazepine use is the treatment of choice and very few conditions. Diagnoses include status post cervical discectomy; fusion at C5 - C6; chronic low back pain; status post left wrist surgery for complex ligamentous injury; history of gastric bypass; positive nerve conduction studies for left carpal tunnel syndrome; status post left carpal,

release; chronic left knee pain. The documentation indicates the injured worker is taking Klonopin (Clonazepam) from October 25 of 2012 through September 3, 2014. Xanax was started October 29, 2014. The worker continues to use Xanax at the present time. Clonazepam and Xanax are not recommended for long-term use (longer than two weeks) because long-term efficacy is unproven and there is a risk of both psychological and physical dependence and frank addiction. The request for Xanax is not clinically indicated/recommended pursuant to the guidelines. Consequently, based on the long-term use and the risk of psychological and physical dependence, prospective request one prescription Xanax 1 mg #60 is not medically necessary.