

<b>Case Number:</b>	CM14-0204897		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	05/27/2009
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 is a 54 year old female, who sustained an industrial injury on May 27, 2009. The mechanism of injury was the injured worker was making copies of instructional material at a copier and a student's parent walked by. The injured worker and the parent got into an altercation which ended in a fist fight. The diagnoses have included post-traumatic stress disorder, chronic, major depressive disorder, severe and insomnia type sleep disorder due to pain. Prior treatments included physical therapy, medications and surgical interventions. The documentation of 08/06/2014 revealed the injured worker's father died on 06/20/2014 and the injured worker was mourning him. The injured worker was depressed. The documentation of 09/03/2014 revealed the injured worker was depressed and had a problem with anger. She was sleeping 4-5 hours per night. The documentation of 11/12/2014, the treating provider reports that the injured worker was very depressed and was mourning her mother's death 3 years before. The injured worker was noted to sleep 4-5 hours per night. The injured worker was better able to execute functions of daily living while on the medications. On November 14, 2014 Utilization Review non-certified a Hydroxyzine 50 mg, thirty count, provided on February 19, 2014, and Hydroxyzine 50 mg, thirty count, provided on August 6 and September 3, 2014, and Lunesta (Eszopiclone) 3 mg, 45 count, provided on July 25, 2012, Eszopiclone 3 mg, thirty count, provided on August 6 and September 3, 2014, Temazepam (Restoril) 30 mg, 45 count, provided on October 21, 2010, Temazepam (Restoril) 30 mg, 45 count, provided on December 3, 2010, Temazepam (Restoril) 30 mg, thirty count, provided on January 27, May 5, June 13, November 1, December 1, 2011, and January 5, 2012, Temazepam (Restoril) 30 mg, 45 count, provided on March 31, August 4, and September

20, 2011 and Lunesta (Eszopiclone) 2 mg, thirty count, provided on February 16, October 3, November 28, 2012, January 9, February 6, March 7, April 8, June 12, 2013, noting, Medical Treatment Utilization Schedule Guidelines, American College of Occupational and Environmental Medicine and Official Disability Guidelines was cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Hydroxyzine 50 mg, thirty count, provided on February 19, 2014: 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 Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Insomnia Treatments, Over the Counter Sleep Aids.

**Decision rationale:** The Official Disability Guidelines indicate that over the counter medications including sedating histamines have been suggested for sleep aids. Tolerance seems to build within a few days. The clinical documentation submitted for review failed to provide a rationale for the requested medication. There was no specific documentation dated 02/19/2014. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for hydroxyzine 50 mg, thirty count, provided on February 19, 2014 is not medically necessary.

**Hydroxyzine 50 mg, thirty count, provided on August 6 and September 3, 2014: 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 Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Insomnia Treatments over the Counter Sleep Aids.

**Decision rationale:** The Official Disability Guidelines indicate that over the counter medications including sedating histamines have been suggested for sleep aids. Tolerance seems to build within a few days. The clinical documentation submitted for review failed to provide efficacy for the requested medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for hydroxyzine 50 mg, thirty count, provided on August 6 and September 3, 2014 is not medically necessary.

**Lunesta (Eszopiclone) 3 mg, 45 count, provided on July 25, 2012: 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 Chapter.

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

**Decision rationale:** The Official Disability Guidelines indicate that eszopiclone, Lunesta, is not recommended for long term use; however, it is recommended for short term use. The efficacy was not provided. There was a lack of documentation for the requested dates of service. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Lunesta (eszopicolone) 3 mg, 45 count, provided on 07/25/2012 is not medically necessary.

**Eszopiclone 3 mg, thirty count, provided on August 6 and September 3, 2014: 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 Chapter.

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

**Decision rationale:** The Official Disability Guidelines indicate that eszopiclone, Lunesta, is not recommended for long term use; however, it is recommended for short term use. The efficacy of the medication was not provided in relation to the duration of sleep. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for eszopicolone 3 mg, thirty count, provided on August 6 and September 3, 2014 is not medically necessary.

**Temazepam (Restoril) 30 mg, 45 count, provided on October 21, 2010: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

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

**Decision rationale:** The California MTUS Guidelines do not recommend the use of benzodiazepines for longer than 4 weeks due to the possibility of psychological or physiological dependence. The clinical documentation submitted for review failed to provide the rationale for the use of benzodiazepines. The efficacy for the requested medication was not provided. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. The request as submitted failed to indicate the frequency for the requested

medication. There was a lack of documentation for the requested date of service. Given the above, the request for temazepam (Restoril) 30 mg, 45 count, provided on October 21, 2010 is not medically necessary.

**Temazepam (Restoril) 30 mg, 45 count, provided on December 3, 2010: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

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

**Decision rationale:** The California MTUS Guidelines do not recommend the use of benzodiazepines for longer than 4 weeks due to the possibility of psychological or physiological dependence. The clinical documentation submitted for review failed to provide the rationale for the use of benzodiazepines. The efficacy for the requested medication was not provided. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation for the requested date of service. Given the above, the request for temazepam (Restoril) 30 mg, 45 count, provided on December 3, 2010 is not medically necessary.

**Temazepam (Restoril) 30 mg, thirty count, provided on January 27, May 5, June 13, November 1, December 1, 2011, and January 5, 2012: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

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

**Decision rationale:** The California MTUS Guidelines do not recommend the use of benzodiazepines for longer than 4 weeks due to the possibility of psychological or physiological dependence. The clinical documentation submitted for review failed to provide the rationale for the use of benzodiazepines. The efficacy for the requested medication was not provided. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation for the requested dates of service. Given the above, the request for temazepam (Restoril) 30 mg, thirty count, provided on January 27, May 5, June 13, November 1, December 1, 2011, and January 5, 2012 is not medically necessary.

**Temazepam (Restoril) 30 mg, 45 count, provided on March 31, August 4, and September 20, 2011: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

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

**Decision rationale:** The California MTUS Guidelines do not recommend the use of benzodiazepines for longer than 4 weeks due to the possibility of psychological or physiological dependence. The clinical documentation submitted for review failed to provide the rationale for the use of benzodiazepines. The efficacy for the requested medication was not provided. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation for the requested dates of service. Given the above, the request for temazepam (Restoril) 30 mg, 45 count, provided on March 31, August 4, and September 20, 2011 is not medically necessary.

**Lunesta (Eszopiclone) 2 mg, thirty count, provided on February 16, October 3, November 28, 2012, January 9, February 6, March 7, April 8, June 12, 2013: 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 Chapter.

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

**Decision rationale:** The Official Disability Guidelines indicate that Lunesta, eszopiclone, is not recommended for long term use; however, it is recommended for short term use. The clinical documentation submitted for review failed to provide efficacy for the requested medication in respect to the increased duration of sleep. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation for the requested dates of service. Given the above, the request for Lunesta (eszopiclone) 2 mg, thirty count, provided on February 16, October 3, November 28, 2012, January 9, February 6, March 7, April 8, June 12, 2013 is not medically necessary.