

<b>Case Number:</b>	CM14-0206075		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	12/07/2009
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/09/2014

### 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, has a subspecialty in Rheumatology & Allergy & Immunology and is licensed to practice in Texas. 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 is a 65 year old female with a date of injury of 12/07/09. The patient is being treated for sprain & strain shoulder & upper arm, contusion of the coccyx, loss of consciousness and crush injury of the hand. Subjective finding include pain continual especially in the morning, 8/10 in the neck, better with meds. Objective findings on most recent included physical exam show tenderness of neck and shoulder, rotates head 60 degrees right and left, flexes 80 %, and extends 10% lateral bends 40%, DTRs 1+ at knees and 0 at ankles. The MRI on 2/2/4/14 shows a small 2 mm bulge at C5-7 and L4-5. Treatment thus far had consisted of left arthroscopic surgery, physical therapy, Lidoderm patches, ibuprofen, omeprazole, Lunesta, Prozac. The utilization review on 11/17/14 found the request for Eszopiclone 2mg tab x 30 non-certify due to lack of conservative treatment and modified it to #15 for a wean. They further found the request for Fluoxetine 20mg #30 non-certify secondary to a lack of indication for depression and modified it to #15 for a wean.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eszopiclone 2 MG Tab x 30:** Upheld

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

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

**Decision rationale:** MTUS is silent specifically regarding eszopicolone (Lunesta), therefore other guidelines were utilized. ODG states regarding Eszopicolone, "Not recommended for long-term use, but recommended for short-term use. See Insomnia treatment. See also the Pain Chapter. Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase." For insomnia ODG recommends that "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. (Lexi-Comp, 2008) 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." Medical records do not indicate patient's sleep hygiene or the need for variance from the guidelines, such as "a) Wake at the same time every day; (b) Maintain a consistent bedtime; (c) Exercise regularly (not within 2 to 4 hours of bedtime); (d) Perform relaxing activities before bedtime; (e) Keep your bedroom quiet and cool; (f) Do not watch the clock; (g) Avoid caffeine and nicotine for at least six hours before bed; (h) Only drink in moderation; & (i) Avoid napping." Medical documents indicate that the patient has been on Eszopicolone far exceeding guidelines. Additionally, medical records do not indicate what components of insomnia have been addressed, treated with conservative measures, and the results of those conservative treatments. As such, the request for 1 prescription of Eszopicolone 3mg is not medically necessary.

**Fluoxetine HCL 20 MG Caps x 30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 15-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Prozac.

**Decision rationale:** MTUS state regarding antidepressants for pain, "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur." The treating physician does not indicate failure of first-line agents and does not indicate how a first line agent is ineffective, poorly tolerated, or contraindicated. ODG states "Fluoxetine (Prozac, generic available): Also approved for major depressive disorder, OCD and premenstrual dysphoric disorder. Dosing information is 20-60 mg daily". The treating physician does not detail any improvement in pain and/or depressive symptoms while on the medication. In addition, the PR-2 fails to state the indication for the Prozac. The Appeal letter by the requesting physician states that it is for depression, but the medical records fail to document adequately this diagnosis and its continued monitoring and

management. As stated in the UR, weaning the patient off this medication would be reasonable. As such, the request for Prozac 20mg QD is not medically necessary.