

Case Number:	CM15-0134743		
Date Assigned:	07/24/2015	Date of Injury:	05/30/2014
Decision Date:	09/29/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/13/2015

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: New York, California
 Certification(s)/Specialty: Emergency Medicine

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 31-year-old female, with a reported date of injury of 05/30/2014. The mechanism of injury was the hitting of the front of her head against a metal door. The injured worker was grabbed from behind at her neck and thrown. The injured worker's symptoms at the time of the injury included loss of consciousness and "blacked out". When she awakened she was disoriented. The diagnoses include post-traumatic stress disorder, depression, generalized anxiety disorder, headaches, cervical/trapezial musculoligamentous sprain/strain with post-traumatic headaches, major depressive disorder single episode, and psychological factors affecting medical condition. Treatments and evaluation to date have included acupuncture treatment, oral pain medications, oral psychotropic medications, psychotherapy, and a neuropsychological evaluation. The diagnostic studies to date have not been included. According to the medical report dated 09/29/2014, the injured worker had x-rays and MRI scans of her head and brain. The narrative report dated 05/05/2015 indicates that the injured worker has been provided with psychological evaluation and treatment. She presented to the office for medication management for persistent symptoms of depression, anxiety, and stress-related medical complaints arising from an industrial stress injury to the psyche. It was noted that the medications all interact to improve anxiety, depression, confusion, emotion control, and stress-intensified medical complaints. It was also noted the removing one medication could tip the scale to cause worsened symptoms in all areas. The injured worker has been provided with general instructions on sleep hygiene. The narrative report dated 06/01/2015 indicates that the injured worker's current subjective complaints, subjective findings, and prescriptions written

have been set forth in an attached progress report. The progress report referred to was no included in the medical records. There was a copy of the prescription included. It was noted that relevant to the multiple medications, there have not been any significant side effects or negative interactions relevant to the medications. On 02/25/2015, the injured worker complained of decreased sleep. The treating physician requested Lunesta 3mg, with two refills; Bupropion 100mg #60, with two refills; Buspar 10mg #60, with two refills; and Lorazepam 0.5mg #60, with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg at bedtime, with 2 refills: 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, insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental/Stress Chapter, Eszopiclone (Lunesta) and Insomnia Treatment.

Decision rationale: The CA MTUS is silent on Eszopiclone (Lunesta). The non-MTUS Official Disability Guidelines indicate that Eszopiclone (Lunesta) is not recommended for long-term use. It is recommended for short-term use. The guidelines recommend limiting use of hypnotics to a maximum of three weeks in the first two months of injury only, and discourage use in the chronic phase. Lunesta has demonstrated reduced sleep latency and sleep maintenance. This medication is the only benzodiazepine-receptor agonist that the FDA approved for use longer than 35 days for insomnia treatment. According to the guidelines, "The FDA has lowered the recommended starting dose of Eszopiclone (Lunesta) from 2 mg to 1 mg for both men and women." The injured worker was prescribed Lunesta on 06/01/2015, with two refills. The request exceeds the guideline recommendations. Therefore, the request for Lunesta is not medically necessary.

Bupropion 100mg 1 in the morning, 1 at noon, #60, with 2 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress Chapter, Antidepressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion (Wellbutrin) Page(s): 27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental/Stress Chapter, Bupropion (Wellbutrin).

Decision rationale: The CA MTUS Chronic Pain Guidelines recommend Bupropion as an option after other agents. It is a non-tricyclic antidepressant that has been shown to be effective in relieving neuropathic pain. The side effects of Bupropion include headache, agitation,

insomnia, anorexia, and weight loss. The non-MTUS Official Disability Guidelines (ODG) recommend Bupropion "as a first-line treatment option for major depressive disorder." The injured worker has been diagnosed with major depressive disorder. Therefore, the request for Bupropion is medically necessary.

Buspar 10mg twice a day, #60 with 2 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/pro/buspar.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/buspar.html>.

Decision rationale: Ca MTUS and ODG are silent on this medication. According to the above referenced guidelines, BuSpar is an anxiolytic psychotropic medication. It is primarily prescribed in the treatment of generalized anxiety disorder. The IW in this case does have this diagnosis. The documentation does not support other effective treatments for anxiety. It is reasonable this medication be used with close follow-up. The request for BusPar is considered medically necessary.

Lorazepam 0.5mg twice a day, #60, with 2 refills: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines indicate that benzodiazepines are not recommended for long-term use because long-term effectiveness is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long term use may actually increase anxiety. The MTUS states that a more appropriate treatment for anxiety disorder is an antidepressant. Lorazepam is a benzodiazepine used to treat anxiety, anxiety with depression, and insomnia. The MTUS does not recommend benzodiazepines for long term use for any condition. The injured worker was prescribed Lorazepam on 06/01/2015, with two refills. The request exceeds the guideline recommendations. Therefore, the request for Lorazepam is not medically necessary.