

<b>Case Number:</b>	CM15-0138171		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	06/07/2008
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/16/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 50 year old male, who sustained an industrial injury on 6/7/08. He has reported initial complaints of falling into a hole. The diagnoses have included lumbago, major depressive disorder, anxiety disorder with panic attacks, and psychological factors affecting medical condition. Treatment to date has included medications, diagnostics, injections, and psychiatric care. Currently, as per the physician progress note dated 6/8/15, the injured worker presents for medication management for persistent symptoms of depression, anxiety and stress related medical complaints from an industrial stress injury to the psyche. The subjective complaints included depression, lack of motivation, decreased energy, difficulty thinking, difficulty staying asleep, excessive worry, panic attacks, disturbing memories, fear that people are following you, and increased pain. The improvements in symptoms and function since last visit included better concentration, less time in bed, less headache, and less panicky. The objective exam reveals depressed facial expressions, visible anxiety, and soft spoken. The current medications included Lunesta, Xanax, Omeprazole, Venlafaxine, Cyclobenzaprine, Tramadol, and Atarax. There is no previous urine drug screen noted in the records. The physician requested treatment included Lunesta 3 mg #39.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lunesta 3 mg #39:** 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), Mental Illness and Stress 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) (1) Mental Illness & Stress, Insomnia (2) Mental Illness & Stress, Insomnia treatment.

**Decision rationale:** The claimant has a remote history of a work injury occurring in June 2008 and continues to be treated for right shoulder and radiating low back pain and received cognitive behavioral treatments for major depressive disorder, anxiety, and panic attacks. When seen, he was having ongoing symptoms of depression with decreased motivation and energy, panic attacks, increased pain, difficulty thinking, and difficulty maintaining sleep. Medications prescribed included Lunesta, Xanax, venlafaxine, and Atarax. The treatment of insomnia should be based on the etiology and pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the nature of the claimant's sleep disorder is not provided. Whether the claimant has primary or secondary insomnia has not been determined, although the likelihood of secondary insomnia due to depression or pain appears high. If this was causing the claimant's sleep disturbance, then further treatment for these conditions could be considered. The continued prescribing of Lunesta is not medically necessary.