

Case Number:	CM15-0142086		
Date Assigned:	08/04/2015	Date of Injury:	05/30/2014
Decision Date:	09/04/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/22/2015

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: 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 30 year old female, who sustained an industrial injury on 5-30-14. Initial complaints were not reviewed. The injured worker was diagnosed as having psychiatric factors associated with diseases classified elsewhere; post-traumatic stress disorder. Treatment to date has included neuropsychological testing; psychotherapy sessions; medications. Currently, the PR-2 notes dated 6-1-15 indicated the injured worker presented to this office for medication management for persistent symptoms of depression, anxiety and stress-related medical complaints arising from an industrial stress injury to the psyche. The provider is requesting authorization of Lunesta 3mg 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 with two 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).

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, under Insomnia treatment.

Decision rationale: The patient presents on 06/03/15 with neck pain rated 9/10 which radiates into the left upper extremity, lower back pain rated 9/10 which radiates into the bilateral lower extremities, and bilateral wrist pain rated 6/10 on the right, 7/10 on the left. The patient's date of injury is 05/30/14. Patient has no documented surgical history directed at these complaints. The request is for Lunesta 3mg with two refills. The RFA is dated 06/01/15. Physical examination dated 06/03/15 reveals tenderness to palpation along the bilateral trapezius muscles with spasms noted, positive Phalen's test in the bilateral wrists, tenderness to palpation of the lumbar spine with spasms noted, and positive straight leg raise test bilaterally. Neurological examination reveals decreased sensation along the L5 and S1 dermatomal distributions bilaterally. The patient is currently prescribed Omeprazole, Cyclobenzaprine, Colace, Norco, Valium, Xanax, a topical compounded cream, Theramine, and Sentra. Diagnostic imaging included MRI of the left wrist dated 01/26/15, significant findings include: "Mildly increased in the 1st carpometacarpal joint consistent with arthritis; otherwise unremarkable study." Patient is currently classified as permanent and stationary. MTUS/ACOEM did not discuss Lunesta or insomnia treatment, though ODG pain chapter, for Insomnia treatment states: "Recommend that treatment be based on the etiology, with the medications recommended below. 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." In regard to Lunesta, the requesting provider has exceeded guideline recommendations. Progress notes do not indicate that this patient has taken Lunesta to date. While MTUS does not discuss this particular medication, ODG only supports short-term use lasting no longer than 7-10 days. The RFA associated with this request, dated 06/01/15, does not include a number of tablets to be dispensed, only the 3MG dosing and a specification for two refills. This does not imply the intent to limit this medication's use to 7-10 days and cannot be substantiated. Therefore, the request is not medically necessary.

Lorazepam 0.5mg #60 with two refills: 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 rationale: The patient presents on 06/03/15 with neck pain rated 9/10 which radiates into the left upper extremity, lower back pain rated 9/10 which radiates into the bilateral lower extremities, and bilateral wrist pain rated 6/10 on the right, 7/10 on the left. The patient's date of injury is 05/30/14. Patient has no documented surgical history directed at these complaints. The request is for Lorazepam 0.5mg #60 with two refills. The RFA is dated 06/01/15. Physical examination dated 06/03/15 reveals tenderness to palpation along the bilateral trapezius muscles with spasms noted, positive Phalen's test in the bilateral wrists, tenderness to palpation of the lumbar spine with spasms noted, and positive straight leg raise test bilaterally.

Neurological examination reveals decreased sensation along the L5 and S1 dermatomal distributions bilaterally. The patient is currently prescribed Omeprazole, Cyclobenzaprine, Colace, Norco, Valium, Xanax, a topical compounded cream, Theramine, and Sentra. Diagnostic imaging included MRI of the left wrist dated 01/26/15, significant findings include: "Mildly increased in the 1st carpometacarpal joint consistent with arthritis; otherwise unremarkable study." Patient is currently classified as permanent and stationary. MTUS guidelines state on page 24 that benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks". In regard to the request for Lorazepam, treater has exceeded recommended duration of therapy for this class of medications. Progress notes provided indicate that this patient has been prescribed a benzodiazepine medication, Valium, since at least 03/02/15. MTUS and ODG do not support chronic Benzodiazepine utilization owing to high risk of dependency and loss of efficacy, this patient has been prescribed Benzodiazepine medications for over 3 months. The requested 60 tablets with two refills, in addition to prior use, do not imply the intent to limit this medication to short-term use. Therefore, the request is not medically necessary.