

Case Number:	CM15-0185658		
Date Assigned:	09/25/2015	Date of Injury:	12/13/2013
Decision Date:	11/02/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/21/2015

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:

This 53 year old female sustained an industrial injury on 12-13-13. Documentation indicated that the injured worker was receiving treatment for adjustment disorder with mixed anxiety and depressed mood with somatization. Previous treatment included on psychotherapy and psychiatric care with medication management. In a PR-2 dated 3-10-15, the injured worker stated that all of her symptoms had returned as she was feeling pressure and discrimination from her head manager, bringing back memories of past work abuse. The injured worker was undergoing medical tests to find out the cause of her chest and stomach pains. Objective findings were documented as "client presents with obsessive ideation of events". In a PR-2 dated 3-23-15, the physician indicated that the injured worker came in for treadmill testing with findings suggestive of inferior wall ischemia. The injured worker was diagnosed with coronary artery disease. In a psychology test report dated 7-22-15, the injured worker complained of depression, anxiety, irritability and insomnia. The injured worker scored 19 on the Beck Depression Inventory, 24 on the Beck Anxiety Inventory, 21 on the Insomnia Severity Index and 3 Sten on the Anxiety Scale, and 10 Sten on the Depression scale. On 8-3-15, a request for authorization was submitted for Lunesta, alprazolam, Sertraline and Buspar. On 9-10-15, Utilization Review noncertified a request for Lunesta 3mg #30 with 2 refills and Alprazolam .5mg #60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg, #30 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) Mental Illness & Stress (updated 8/31/15) Lunesta.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia Treatment, pages 535-536.

Decision rationale: Hypnotics are not included among the multiple medications noted to be optional adjuvant medications, per the Official Disability Guidelines (ODG), Pain. Additionally, Lunesta is a non-benzodiazepine-like, Schedule IV controlled substance. Long-term use is not recommended as efficacy is unproven with a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic and anxiolytic. Chronic use is 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. Submitted documents have not demonstrated any specific functional improvement including pain relief with decreased pharmacological profile, decreased medical utilization, increased ADLs and work function, or quantified hours of sleep as a result from treatment rendered for this chronic injury. The reports have not identified any specific clinical findings or confirmed diagnoses of sleep disorders nor is there any noted failed trial of behavioral interventions or proper sleep hygiene regimen to support its continued use. The Lunesta 3mg, #30 with 2 refills is not medically necessary and appropriate.

Alprazolam 0.5mg, #60 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) updated 7/15/15, Anxiety medication in chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: Alprazolam is indicated for the management of anxiety disorder. Anxiety or tension associated with the stress of everyday life usually does not require treatment with an anxiolytic. Alprazolam is an anti-anxiety medication in the benzodiazepine family which inhibits many of the activities of the brain as it is believed that excessive activity in the brain may lead to anxiety or other psychiatric disorders. Per the Chronic Pain Treatment Guidelines, 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 as chronic benzodiazepines are the treatment of choice in very few conditions and tolerance to hypnotic effects develops rapidly. Additionally, submitted reports have not demonstrated clear functional benefit of treatment already rendered for this chronic 2013 injury. The Alprazolam 0.5mg, #60 with 2 refills is not medically necessary and appropriate.

