

<b>Case Number:</b>	CM15-0185786		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	08/18/2006
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Family Practice

### 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 67 year old male, who sustained an industrial injury on 8-18-2006. The injured worker is being treated for depression, major-recurring, and chronic pain. Treatment to date has included surgical intervention (L4-5 and L5-S1 laminectomy and fusion, undated), medications, psychological evaluation and treatment, L3-4 and L4-5 facet joint injections (8-17-2015), physical therapy, occupational therapy, and speech therapy. Per the Primary Treating Physician's Progress Report dated 8-06-2015, the injured worker reported that his weight has decreased from 237 pounds to 220 pounds. He was able to lose weight by changing his diet. He had cut out junk food and performed exercises in a pool. Objective findings included a depressed mood and affect. His motor activity was calm and his speech was normal. His thought process was coherent, thought pattern, language and knowledge were within normal limits, and judgment, mental status, and attention were intact. The notes from the doctor do not document efficacy of the prescribed medications. Per the Individual Psychotherapy Progress Note dated 4-22-2015 the injured worker reported improvement in mood and activity as a result of getting home care including speech, physical, and occupational therapy. Per the note dated 4-29-2015, the urine drug screen dated 3-04-2015 was consistent with prescribed medications. Work status was permanent and stationary. The plan of care on 8-06-2015 included refills of Lunesta and Cymbalta and authorization was requested on 8-19-2015 for Lunesta 2mg #30 and Cymbalta 60mg #80. On 8-24-2015, Utilization Review non-certified the request for Lunesta 2mg #30 and modified the request for Cymbalta 60mg #80.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Lunesta 2mg #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), TWC, Mental Illness and Stress Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Illness & Stress, Eszopicolone (Lunesta), Insomnia treatment ODG, Pain (Chronic), Eszopicolone (Lunesta).

**Decision rationale:** The CA MTUS is silent concerning Lunesta, but the ODG does recommend for short-term use, but not for long-term use. The ODG recommendation is to limit use of hypnotics to three weeks maximum in the first two months of injury only, and then to discourage use in the chronic phase. Overall, Lunesta has demonstrated reduced sleep latency and sleep maintenance and is the only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. According to the treating provider's notes, the injured worker has had depression, major-recurring, and chronic pain. It is clear that he has been followed by psychiatry for depressive symptoms, but the notes do not state whether he has had intervention for improved sleep hygiene and cognitive therapy for insomnia. Additionally, the notes do not document any specific insomnia components and how he has benefited from the medication. Therefore, per the ODG guidelines, the request for Lunesta 2mg #30 with 2 refills is not medically necessary and appropriate at this time.

### **Cymbalta 60mg #60 with 2 refills: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

**Decision rationale:** According the CA MTUS, Cymbalta is FDA-approved for anxiety, depression, diabetic neuropathy, fibromyalgia, and has been used off-label for neuropathic pain and radiculopathy. However, no high quality evidence is reported to support the use of Cymbalta for lumbar radiculopathy. Per the medical records available, the injured worker's depression, major-recurring, and chronic pain have improved with current use of medications. However, is not clear from the documentation as to how much improvement he has had with pain reduction and objective functional improvement from Cymbalta. However, it is not unreasonable at this time to continue Cymbalta based on the available history. Therefore, the request for Cymbalta 60mg #60 with 2 refills is medically necessary and appropriate with continued follow up per guidelines.

