

<b>Case Number:</b>	CM15-0192167		
<b>Date Assigned:</b>	10/06/2015	<b>Date of Injury:</b>	12/16/2010
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 60-year-old who has filed a claim for chronic low back, knee, and shoulder pain reportedly associated with an industrial injury of December 16, 2010. In a Utilization Review report dated September 23, 2015, the claims administrator failed to approve requests for Lunesta and Cymbalta. The claims administrator referenced a September 16, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On September 16, 2015, Lunesta and Cymbalta were endorsed. On an associated progress note dated August 17, 2015, the claimant reported ongoing complaints of low back pain radiating to left leg, 6/10. Ancillary complaints of shoulder pain were reported. The claimant was asked to discontinue Cymbalta on the grounds that she believed that Cymbalta had given her a rash. Lunesta was endorsed on a refill basis. The claimant was placed off of work, on permanent disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lunesta 2mg, #30:** 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, 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 Illness and Stress, Eszopiclone.

**Decision rationale:** No, the request for Lunesta, a sleep aid, was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, ODG's Mental Illness and Stress Chapter Eszopiclone topic notes that eszopiclone or Lunesta is not recommended for chronic or long-term use purposes but, rather, should be reserved for short-term use purposes. Here, thus, the renewal request for 30 tablets of Lunesta was at odds with ODG principles and parameters. The attending provider failed to furnish a clear or compelling rationale for continued usage of the same in the face of the unfavorable ODG position on long-term usage of Lunesta. Therefore, the request was not medically necessary.

**Cymbalta 20mg, #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction.

**Decision rationale:** Similarly, the request for Cymbalta, an atypical antidepressant, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines, an attending provider should incorporate some discussion of side effects into his choice of recommendations. Here, however, the attending provider failed to reconcile his decision to renew Cymbalta via an RFA form of September 16, 2015 with an earlier statement on progress note of August 17, 2015 to the effect that he was going to ask the applicant to discontinue Cymbalta on the grounds that the applicant had developed an intolerable adverse effect, namely a rash, with the same. Therefore, the request was not medically necessary.