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| Case Number: | CM15-0194203 | | |
| Date Assigned: | 10/08/2015 | Date of Injury: | 01/12/2001 |
| Decision Date: | 11/23/2015 | UR Denial Date: | 09/30/2015 |
| Priority: | Standard | Application Received: | 10/02/2015 |

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, Arizona, Maryland
 Certification(s)/Specialty: Psychiatry

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 56-year-old female, with a reported date of injury of 01-12-2001. The diagnoses include acute distress disorder, anxiety, major depressive disorder, and pain disorder associated with both psychological and general medical condition. Treatments and evaluation to date have included Abilify, Alprazolam (since at least 01-2015), Buspirone, Lorazepam, Lunesta (since at least 01-2015), Motrin, Percocet, Neurontin, Adderall, Xanax, physical therapy, nerve blocks, spinal cord stimulator, and psychological therapy. The diagnostic studies to date have included a urine drug screen on 07-15-2015 with inconsistent findings for hydroxalprazolam. The medical report dated 09-14-2015 indicates that the injured worker presented with bilateral upper extremity pain, right greater than left. The pain was rated 6 out of 10 with medications. There was documentation of poor sleep associated with the pain. The objective findings include a tearful mood, with no suicidal or homicidal ideation, alert and awake, no signs of significant sedation, pain with palpation of the right lateral and medial aspect of the forearm, and some allodynia in the right elbow region. The injured worker was currently not working. The medical report dated 01-09-2015 (from the requesting physician) indicates that the injured worker's anxiety was very high regarding what would happen at work when she returned. Her chief complaint was high anxiety. The examination showed cooperative behavior, normal psychomotor activity, sad and depressed mood, anxious mood, a congruent mood, organized and logical thought process, normal thought content, intact insight and judgment, alert and oriented, intact attention and concentration, and normal muscle strength, gait, and muscle tone. It was noted that the injured worker's status was improving. The treatment plan included medication

management and psychotherapy. The medical report from which the request originates was not included in the medical records provided for review. The treating physician requested Lunesta 3mg and Alprazolam 0.25mg. On 09-30-2015, Utilization Review (UR) non-certified the request for Lunesta 3mg and Alprazolam 0.25mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg: 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, Eszopicolone (Lunesta).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress and Mental Illness/ Insomnia treatment; Eszopiclone/Lunesta.

Decision rationale: ODG states "Lunesta" not recommended for long-term use, but recommended for short-term use. Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. While sleeping pills, so-called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long-term use. They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. In this study, eszopicolone (Lunesta) had a Hazard ratio for death of 30.62 (C.I., 12.90 to 72.72), compared to zolpidem at 4.82 (4.06 to 5.74). In general, receiving hypnotic prescriptions was associated with greater than a threefold increased hazard of death even when prescribed less than 18 pills/year. (Kripke, 2012) The FDA has lowered the recommended starting dose of eszopiclone (Lunesta) from 2 mg to 1 mg for both men and women. Previously recommended doses can cause impairment to driving skills, memory, and coordination as long as 11 hours after the drug is taken. Despite these long-lasting effects, patients were often unaware they were impaired. The injured worker has been diagnosed with acute distress disorder, anxiety, major depressive disorder, and pain disorder associated with both psychological and general medical condition. The most recent progress report dated 09-14-2015 indicates that the injured worker presented with bilateral upper extremity pain, right greater than left which was rated 6/10 with medications. She suffers from symptoms of poor sleep associated with the pain. Per guidelines, insomnia medications are not indicated for long term use. The request for Lunesta 3mg does not specify the quantity being requested and thus is not medically necessary.

Alprazolam 0.25mg: Upheld

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

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

Decision rationale: MTUS states 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. Upon review of the Primary Treating Physicians' Progress Reports, the injured worker has been prescribed Alprazolam on an ongoing basis for about a year with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. Also, the request for Alprazolam 0.25 mg does not specify the quantity being requested. Thus, the request is not medically necessary.