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| Case Number: | CM15-0200417 | | |
| Date Assigned: | 10/15/2015 | Date of Injury: | 07/11/2008 |
| Decision Date: | 12/03/2015 | UR Denial Date: | 10/01/2015 |
| Priority: | Standard | Application Received: | 10/13/2015 |

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:

This 53 year old woman sustained an industrial injury on 7-11-2008. Diagnoses include lumbar disc disease, lumbar radiculopathy, and lumbar facet syndrome. Treatment has included oral medications including Percocet, Topamax, and Zanaflex. Physician notes dated 9-22-2015 show complaints of low back pain rated 9 out of 10 with radiation to the bilateral lower extremities with numbness and tingling. The physical examination shows difficulty with heel-toe walk due to low back pain, diffuse tenderness to palpation in the paravertebral musculature and moderate facet tenderness to palpation over L4-S1 levels. Positive testing is noted with bilateral sacroiliac tenderness, Fabere's/Patrick bilaterally, sacroiliac thrust test bilaterally, yeoman's test bilaterally, Kemp's test bilaterally, seated straight leg raise at 50 degrees on the right and 60 degrees on the left, supine straight leg raise at 40 degrees on the right and 50 degrees on the left, and Farfan test bilaterally. Range of motion is noted to be lumbar spine right lateral bending 15 out of 30 degrees, and left 10 out of 30 degrees, flexion 50 out of 70 degrees, and extension 10 out of 20 degrees. Decreased sensation is noted along the L4 dermatome bilaterally with decreased knee extensor strength noted at 4 out of 5 bilaterally. Recommendations include spinal cord stimulator trial, lumbar epidural steroid injection, home exercise program and stretching, continue current medication regimen, and follow up after injection. Utilization Review denied requests for Lunesta and Ativan on 10-1-2015. However, the documentation submitted does not show utilization of these medications since 12-20-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 0.5mg #60: 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 Ativan 0.5 mg twice daily on an ongoing basis with no documented plan of taper. The MTUS guidelines state that the use of benzodiazepines should be limited to 4 weeks. Thus, the request for Ativan 0.5 mg #60 is excessive and not medically necessary.

Lunesta 3mg #60: 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 (updated 09/08/15) Online Version, 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) 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, eszopiclone (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 major depressive disorder, generalized anxiety disorder and is being prescribed Lunesta for insomnia. Per guidelines, Lunesta is only recommended for short-term use. The injured worker is being prescribed Lunesta on continued basis with no documented plan to taper or discontinue the medication eventually. The request for Lunesta 3mg #60 is not medically necessary.