

Case Number:	CM15-0204233		
Date Assigned:	10/21/2015	Date of Injury:	11/03/2006
Decision Date:	12/02/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/17/2015

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, Florida, 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 injured worker is a 50 year old female who sustained an industrial injury November 3, 2006. Diagnoses are rule out bipolar disorder, most recent episode; psychological factors affecting medical condition. According to the most recent primary treating physician's progress report dated June 17, 2015, the injured worker presented with depression, tearfulness and less suicidal thoughts, commenting; "she feels like a loser". The physician documented she has completed (1) of (6) certified sessions on October 21, 2014. Objective findings documented; the injured worker has been taking medications for less than a year. Medication management enables the injured worker to execute functions of daily living (non-specified). She is prescribed medication monthly along with a consultation to monitor changes and effectiveness of medication (non- specified for this visit). Medication includes but not limited to; Wellbutrin XL, Ativan, Lunesta, and Atarax. There is no evaluation, physical or mental status examination documented for this date of service. At issue, is the request for authorization for Ativan and Lunesta. According to utilization review dated September 29, 2015, the request for Ativan 2mg (1) every morning and (1) every evening Quantity: 60 and Lunesta 3mg (1) at hour of sleep Quantity: 30 are non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ativan 2mg #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, under Benzodiazepines.

Decision rationale: This claimant was injured now 9 years ago, and there was a diagnosis of rule out bipolar disorder. There were signs of depression. There is no mention of anxiety. She has been on medicine less than a year; the objective functional benefit out of the medicine use was not noted. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding benzodiazepine medications, the ODG notes in the Pain section: Not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. In this case, it appears the usage is long term, which is unsupported in the guidelines. The objective benefit from the medicine is not disclosed. The side effects are not discussed. The request is appropriately non-certified following the evidence-based guideline.

Lunesta 3mg #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, Pain (updated 09/08/15) - Online Version, Eszopicolone (Lunesta), Anxiety medications in chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, under Lunesta.

Decision rationale: As shared, this claimant was injured now 9 years ago, and there are diagnoses of rule out bipolar disorder. There are signs of depression. There is no mention of anxiety. She has been on medicine less than a year; the objective functional benefit is not noted. Regarding Eszopicolone (Lunesta), the MTUS is silent. The ODG, Pain section simply notes it is not recommended for long-term use, but recommended for short-term use. In this case, the use appears to be chronic, with little mention of benefit out of the sleep aid. The degree of insomnia is not noted. There is insufficient evidence to support the usage in this claimant's case. The request is appropriately non-certified and not medically necessary.