

<b>Case Number:</b>	CM15-0036776		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	10/02/2007
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 64 year old male, who sustained an industrial injury on 10/2/07. He has reported hip and shoulder injury. The diagnoses have included post-traumatic stress disorder, chronic pain syndrome, biceps tendon rupture, history of MRSA, severe depression, cognitive impairment and memory loss since ECT treatments. Treatment to date has included rotator cuff repair, TENS unit, medications (Morphine, Eszopiclone, Quetiapine Fumarate and Clonazepam) and physical therapy. Currently, the injured worker complains of back pain, shoulder pain and depression. On physical exam dated 1/12/15 tenderness is noted of lower lumbar area with lower extremity strength somewhat decreased and muscle swelling noted in left biceps area with decreased range of motion of left shoulder. In addition, a flat affect was noted with poor member and tearful at times. On 1/21/15 Utilization Review non-certified Morphine Sulfate ER 15mg, noting lack of evidence of quantitative functional outcomes for use; Eszopiclone 1mg, noting his insomnia is chronic and it is not recommended for chronic treatment and it may cause depression for which he is being treated; Quetiapine Fumarate 400mg, noting the lack of clear and significant evidence based support for use of atypical antipsychotics and Clonazepam 1mg modified to #40, noting the lack of evidence of improvement while using the medication. The MTUS, ACOEM Guidelines and ODG were cited. On 2/26/15, the injured worker submitted an application for IMR for review of Morphine Sulfate ER 15mg, Eszopiclone 1mg, Quetiapine Fumarate 400mg and Clonazepam 1mg modified to #40.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Morphine sulfate ER 15 mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-91.

**Decision rationale:** Guidelines support the use of opioids for short term treatment of moderate to severe pain. Long term opioid use may be appropriate if the patient shows signs of improvements in pain and function without showing signs of adverse side effects and non-compliance. In this case, documents report that morphine sulfate 15 mg was to be discontinued. Documentation of benefit in pain or function were lacking. Thus, this request for Morphine Sulfate ER 15 mg is not medically necessary and appropriate.

**Eszopiclone 1 mg: 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).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Insomnia Treatment.

**Decision rationale:** Guidelines support the use of Lunesta for the treatment of documented cases of insomnia. It is not recommended in the chronic phase of treatment. as it may impair function and memory, be habit forming and may increase pain and depression over time. In this case, the patient has failed previous trials with insomnia medications, is in the chronic phase of treatment, and is being treated for depression and anxiety. Thus, the request for Eszopiclone 1 mg is not medically appropriate and necessary.

**Quetiapine Fumarate 400 mg: 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).

**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.

**Decision rationale:** Guidelines do not recommend quetiapine as a first line treatment option to treat depression. In this case, there is a lack of documentation which supports the use of this atypical antipsychotic agent. There is no documentation of significant depression or any significant benefit with use of this medication. Thus, the request for quetiapine fumarate is not medically appropriate and necessary.

**Clonazepam 1 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

**Decision rationale:** Guidelines do not recommend this medication for long term use to lack of efficacy and risk of dependence. In this case, the patient had been taking clonazepam since July 2014 without documented efficacy. Guidelines recommend weaning and discontinued use. Thus, the request for clonazepam 1mg is not medically appropriate and necessary.