

<b>Case Number:</b>	CM15-0088035		
<b>Date Assigned:</b>	05/12/2015	<b>Date of Injury:</b>	09/25/2001
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 43 year old female with an industrial injury dated 10/99 to 08/31/2004 and 10/01 (cumulative trauma). The injury is described as resulting from ongoing sitting and use of keyboard or mouse clicking. She expressed psyche complaints related to her industrial injury. Her diagnoses included major depressive disorder, generalized anxiety disorder and psychological factors affecting medical condition. Prior treatment included psychiatric treatment, anti-depressant medications and medical treatments for her industrial injury. She presents on 03/26/2015 with complaints of depression, anxiety and stress related medical complaints arising from an industrial stress injury to the psyche. Physical exam noted she was visibly anxious and exhibited depressed facial expressions. The provider noted there have not been any significant side effects or negative interactions relevant to her medications. The plan of treatment included continuing anti-depressants and sleep medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lorazepam 0.5mg #60 with 2 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Benzodiazepines.

**Decision rationale:** Regarding the request for Lorazepam, Chronic Pain Medical Treatment Guidelines state the 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; Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant." Guidelines also state "Authorization after a one-month period should include the specific necessity for ongoing use as well as documentation of efficacy." Within the documentation available for review, there is rationale provided for long-term use of the medication despite the CA MTUS recommendation against long-term use, however, there is no documentation identifying any objective functional improvement or efficacy as a result of the use of this medication. Benzodiazepines should not be abruptly discontinued, but fortunately, the last reviewer modified the current request to allow tapering. In the absence of such documentation, the currently requested Lorazepam is not medically necessary.

**Lunesta 3mg #60 with 2 refills:** 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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Sleep Medication, Insomnia treatment.

**Decision rationale:** Regarding the request for Lunesta, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, no discussion regarding how frequently the insomnia complaints occur or how long they have been occurring, no statement indicating what behavioral treatments have been attempted for the condition of insomnia, and no statement indicating how the patient has responded to Lunesta treatment. Finally, there is no indication that Lunesta is being used for short term use as recommended by guidelines. In the absence of such documentation, the currently requested Lunesta is not medically necessary.

**Trazodone 100mg #60 with 2 refills:** 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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Sleep Medication, Insomnia treatment.

**Decision rationale:** Regarding the request for trazodone, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. It is recommended that treatments for insomnia should reduce time to sleep onset, improve sleep maintenance, avoid residual effects and increase next-day functioning. Within the documentation available for review, no discussion regarding how frequently the insomnia complaints occur or how long they have been occurring, no statement indicating what behavioral treatments have been attempted for the condition of insomnia, and no statement indicating how the patient has responded to trazodone treatment. In the absence of such documentation, the currently requested trazodone is not medically necessary.

**Venlafaxine XR #90 with 2 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388, 402. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 395-396, 402, Chronic Pain Treatment Guidelines Page(s): 107 of 127.

**Decision rationale:** Regarding the request for Venlafaxine, Chronic Pain Medical Treatment Guidelines state that selective serotonin reuptake inhibitors may have a role in treating secondary depression. Additionally, guidelines recommend follow-up evaluation with mental status examinations to identify whether depression is still present. Guidelines indicate that a lack of response to antidepressant medications may indicate other underlying issues. Within the documentation available for review, there is evidence of a recent mental status examination to determine a diagnosis of depression. Additionally, there is documentation indicating the patient has responded to the current Venlafaxine treatment. The prior physician reviewer denied the request for refills however guidelines do not state that antidepressants need to be monitored on a monthly basis after evidence of effectiveness has been established. As such, the currently requested Venlafaxine is medically necessary.