

Case Number:	CM14-0145685		
Date Assigned:	09/12/2014	Date of Injury:	05/20/2010
Decision Date:	10/14/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/08/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 request for Alprazolam 1mg #20 is not medically necessary. The California MTUS Guidelines do not recommend the use of benzodiazepines for long term use because long term efficacy is unproven and there is risk for dependence. Most guidelines limit the use to 4 weeks. The injured worker has been prescribed alprazolam previously; however, the efficacy of the medication was not provided. The medical documentation does not support continued use of this medication. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eszopiclone 3mg TA #20 with 0 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for eszopiclone 3 mg TA with a quantity of 20 and 0 refills is not medically necessary. The Official Disability Guidelines recommend insomnia treatment

based on etiology. Pharmacological agents should only be used after a careful evaluation of causes of sleep disturbance. A sleep disturbance resolving in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Eszopiclone reduced sleep latency and sleep maintenance because of rapid onset of action. There was lack of documentation on if the injured worker is having trouble with sleep onset, maintenance, quality of sleep or next day functioning. Additionally, the prior uses of this medication was not provided. As such, medical necessity for Eszopiclone has not been established.