

<b>Case Number:</b>	CM14-0092646		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	06/30/1999
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Texas & Florida. 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 patient is a 59 year old female who was injured on 6/30/1999. The diagnoses are post cervical laminectomy fusion syndrome, neck pain and cervical radiculopathy. There are associated diagnoses of depression and insomnia. The patient had completed the use of TENS and H-wave treatments. In 2012, a CT of the cervical spine showed multilevel neural foraminal stenosis C5-6 and C6-7. A cervical epidural steroid injection procedure was abandoned due to the technical difficulty cause by the presence of hardware. On 4/21/2014, the patient reported sleep improvement from the use of Trazodone and Lunesta. There was subjective complaint of constant neck pain with associated tingling sensations. The UDS was reported as consistent on 2/27/2014. The medications are Celebrex, Ultram and Lidoderm for pain, Soma for muscle spasm, Prozac and Trazodone for depression and Lunesta for sleep. A Utilization Review determination was rendered on 5/20/2014 recommending non certification for Lunesta 3mg 1-2 QHS and Trazodone 100mg 2 tablets QHS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lunesta 3mg 1-2 QHS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lunesta Page(s): 24.

**Decision rationale:** The CA MTUS and the ODG recommend that Lunesta can be utilized as a second line option for short term treatment of insomnia after proper sleep hygiene measures and effective pain management have failed. The use of sleep medications in combination with multiple sedatives in elderly females is associated with increased adverse drug effects and interactions. The records indicate that this 59 year old female is also utilizing Trazodone, Neurontin, Soma and Ultram. These medications may have potential additive sedative effects. It is recommended that the use of sleep medications be limited to less than 6 weeks to decrease the development of tolerance, habituation, addiction and adverse drug interactions. The criteria for the use of Lunesta 3mg 1-2 QHS was not met. Therefore the request is not medically necessary.

**Trazodone 100mg 2 Tabs QHS:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines chronic musculoskeletal pain Page(s): 24, 13-16. Decision based on Non-MTUS Citation (ODG) Pain Chapter. Mental illness and Stress chapter

**Decision rationale:** The CA MTUS and the ODG guidelines recommend effective management of co-existing psychosomatic symptoms associated with chronic musculoskeletal pain. The records indicate that the patient is diagnosed with depression and insomnia. The patient reported significant symptoms improvement with the use of Trazodone and Prozac. The patient has exhausted all surgical, cognitive behavioral treatment and conservative treatment options for the management of chronic pain syndrome. The criteria for the use of Trazodone 100mg 2 QHS was met. Therefore the request is medically necessary.