

<b>Case Number:</b>	CM14-0219213		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	06/22/2001
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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. 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  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 54 year old female, who sustained an industrial injury on June 22, 2001. She has reported chronic low back pain with lower extremity numbness and tingling with the pain extending to the left foot. The diagnoses have included chronic low back pain, mild left lower extremity radiculopathy, lateral recess stenosis left L2-3 secondary to synovial cyst and status post L3 to the sacrum fusion. Treatment to date has included and L3-S1 fusion, epidural steroid injection and pain management. There are co-existing diagnoses of anxiety, depression and insomnia. Currently, the injured worker complains of continued low back pain and right lower extremity tingling with pain into her foot. She reported taking Percocet four times per day as need for pain and reported a decrease in pain when utilizing her medications. On examination, the injured worker's range of motion was limited by her pain and she had tenderness to palpation over the lumbar spine. A straight leg test was positive and muscle strength testing was within normal limits. The medications listed are Wellbutrin, Lunesta, Percocet and Ativan. On December 30, 2014, Utilization Review non-certified a request for Lunesta noting the documentation submitted for review did not establish a failure of conservative sleep care and of a psychological assessment for psychological pathology related to sleep dysfunction. A request for Ativan 0.5 mg #30 was modified by Utilization Review noting that there was no documentation of functional improvement with Ativan. The medication was modified to allow for tapering. The California MTUS was cited in the determination. On December 31, 2014, the injured worker submitted an application for IMR for review of Lunesta 2 mg #30 and Ativan 0.5 mg #30.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Ativan 0.5mg #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 (ODG), Benzodiazepines; and Pain, Insomnia Treatment

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 24,78. Decision based on Non-MTUS Citation Pain Chapter Mental Illness and Stress

**Decision rationale:** The CA MTUS and the ODG recommend that the use of benzodiazepines be limited to short term periods for the treatment of acute anxiety. The chronic use of benzodiazepines is associated with the development of tolerance, dependency, addiction, sedation and adverse interactions with sedative medications. The guidelines recommend that anticonvulsants or antidepressants with anxiolytic and analgesic actions such as gabapentin and duloxetine be utilized in chronic pain patients with psychosomatic symptoms. The records indicate that the patient had utilized Ativan longer than the guidelines recommended maximum period of less than 6 weeks. The patient is utilizing opioids and other sedative medications concurrently. There is no documentation of guidelines recommended compliance monitoring with serial UDS, absence of aberrant behavior and functional restoration. The criteria for the use of Ativan 0.5mg #30 was not met.

**Lunesta 2mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 24. Decision based on Non-MTUS Citation Pain Chapter Mental Illness and Stress

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that sedative/hypnotics can be utilized for short term treatment of insomnia that that did not respond to non medication treatment measures. The chronic use of sleep medications can be associated with dependency, addiction, daytime somnolence, tolerance and adverse interactions with other other sedatives. The records indicate that the patient had utilized Lunesta longer than the guidelines recommended maximum periods of 4 to 6 weeks. There is no documentation of failure of non medication sleep measures or investigation for treatable causes of insomnia. The criteria for the use of Lunesta 2mg # 30 was not met.