

Case Number:	CM15-0013572		
Date Assigned:	02/02/2015	Date of Injury:	04/02/2008
Decision Date:	03/24/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	01/23/2015

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

Certification(s)/Specialty: Psychiatry, Geriatric Psychiatry, Addiction Psychiatry

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 60 year old female whose date of injury is 4/2/2008. She has reported continued pain. Diagnoses include major depression; panic disorder with agoraphobia, restless leg syndrome (RLS), parasomnia; obstructive sleep apnea, and pain disorder. Treatments to date have included surgical intervention, physical therapy, and medication management. A progress note of 01/05/15 indicated that she continues to show symptoms consistent with major depressive disorder, with increased anxiety in social situations, panic attacks, and RLS. Pain is rated at 7/10. She complained of residual daytime sleepiness due to obstructive sleep apnea. Her PHQ9=18 (decrease from 25). Medications included duloxetine, Nuvigil, Lunesta, a dermal patch for her RLS, Deplin augmentation, and Propranolol before anxiety provoking situations. On 1/22/2015, Utilization Review (UR) modified the request for Lunesta 3mg #30 to #20 to allow for weaning, and Propranolol 20mg 1-2 times a day to #15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3mg at bedtime: 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), Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Mental Illness & Stress, Insomnia treatment

Decision rationale: The patient suffers from major depressive disorder, panic disorder with agoraphobia, parasomnia, RLS, and obstructive sleep apnea. Lunesta is a nonbenzodiazepine used in the treatment of insomnia, approved for longer than 35 days use. However, a UR of 01/22/15 Lunesta was modified to #20 to allow for taper. Enough time has elapsed such that this would have taken place. This request is therefore not medically necessary.

Propranolol 20mg 1 to 2 times daily: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/3523281>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neuropsychobiology, 1986;15(1):20-7. Propranolol in psychiatry. Therapeutic uses and side effects. Ananth J, Lin KM.

Decision rationale: The patient suffers from panic disorder with agoraphobia, and has been prescribed Propranolol to use prior to anxiety provoking situations. While propranolol is used in the community in the treatment of anxiety disorders, documentation provided does not support use of this medication in this patient. There is no reference to it in CA-MTUS, ACOEM, or ODG. A UR of 01/22/15 modified a request to #15. This request is therefore not medically necessary.