

Case Number:	CM15-0115580		
Date Assigned:	06/30/2015	Date of Injury:	03/18/2004
Decision Date:	08/25/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/15/2015

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
 Certification(s)/Specialty: Emergency 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 59-year-old male, who sustained an industrial injury on 03/18/2004. He has reported subsequent neck, back, right shoulder and bilateral knee pain and was diagnosed with thoracolumbar spine strain, compression fracture of L1, lumbar disc protrusion at L4-L5 and L5-S1, status post right sided laminectomy and discectomy of L5-S1, right rotator cuff tendonitis and impingement syndrome, status post right shoulder arthroscopy and strain of the bilateral knees. Other diagnoses included post-traumatic stress disorder with anxiety and panic attacks, post-traumatic stress disorder, major depressive disorder and psychological factors affecting medical condition. Treatment to date has included medication, cognitive behavioral therapy, pool therapy, epidural steroid injection, TENS unit, application of heat and ice and surgery. A medication management evaluation report dated 11/13/2014 notes that the prescribing psychiatrist had indicated that all of the prescribed psychiatric medications interacted to improve anxiety, depression, confusion, panic, insomnia and emotional control. However, thought processes were noted to appear pressured, anxious and disturbed when discussing pain issues and there were noted to be continued post-traumatic reactions present. In a progress note dated 04/23/2015, the injured worker reported continued lasting relief following injection to the right shoulder. Objective findings were notable for tenderness to palpation of the cervical spinal muscles, decreased range of motion, pain with range of motion, mild right lower muscle spasm of the lumbar spine, decreased range of motion with pain, decreased sensation to the bilateral L5 and S1 distribution and trace weakness of the right extensor hallucis longus, tibialis anterior and gastrocnemius muscle. A request for authorization of Lunesta 3 mg #30 with 2 refills, Lorazepam 0.5 mg #90 with 2 refills, Buspar 10 mg #90 with 2 refills and Cymbalta 60 mg #30 with 2 refills was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Lunesta 3mg #30 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, Eszopicolone (Lunesta).

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

Decision rationale: MTUS guidelines are silent regarding Lunesta so alternative guidelines were referenced. As per ODG, Eszopicolone (Lunesta) "is not recommended for long term use. Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. There is also concern that they may increase pain and depression over the long-term." The submitted documentation does indicate that the injured worker has a history of insomnia, which has been treated with sleep medications such as Ambien and Restoril in the past. A medication management report dated 11/13/2014 indicates that the Insomnia Severity Index scale shows that the injured worker had moderate insomnia and that Restoril allowed the injured worker to sleep. There is no discussion in the most recent progress notes regarding the status of the injured worker's sleep issues, effectiveness of medications used to treat insomnia or indication as to why Lunesta was being requested. Therefore, the request for authorization of Lunesta 3 mg #30 with 2 refills is not medically necessary.

1 prescription of Lorazepam 0.5mg #90 with 2 refills: Upheld

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

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

Decision rationale: As per CA MTUS guidelines, 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." The submitted documentation shows that the injured worker had been prescribed Lorazepam as far back as 2010 for anxiety and panic attacks, which contradicts CA MTUS guidelines, which do not recommend long-term use. The medication management evaluation report from 11/13/2014 does indicate that Lorazepam was helpful at reducing panic but continued post-traumatic reactions and significant anxiety were still evident. The most recent physician progress notes from 01/2015-04/2015 do not discuss the effectiveness of Lorazepam on the injured worker's symptoms and there is no significant improvement of symptoms or functional improvement documented with the use of Lorazepam. Therefore, the request for authorization of Lorazepam 0.5 mg #90 with 2 refills is not medically necessary.

Buspar 10mg #90 with 2 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) Anxiety medications in chronic pain.

Decision rationale: The request is for the use of the anxiolytic drug Buspirone that is primarily used to treat generalized anxiety disorders. Unlike most drugs predominantly used to treat anxiety, buspirone is not related to benzodiazepines or barbiturates, and so it does not carry the risk of physical dependence and withdrawal symptoms for which those drug classes are known. The MTUS guidelines are silent regarding use of this medication. The ODG guidelines state that Buspirone is indicated for short-term relief of anxiety symptoms. Efficacy seems to be decreased in patients with prior benzodiazepine use. In this case, the patient does not meet the criteria for use based on the guidelines. As such, the request is not medically necessary.

Cymbalta 60mg #30 with 2 refills: Upheld

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 Duloxetine (Cymbalta) Page(s): 43-44.

Decision rationale: As per CA MTUS guidelines, Cymbalta is approved by the FDA for treatment of depression, generalized anxiety disorder and chronic neuropathic pain and the starting dose is 20-60 mg/day. The submitted documentation shows that this medication was prescribed to the injured worker as far back as 2008 for treatment of depression. The 11/13/2014 medication management evaluation report does indicate that Cymbalta did reduce the injured worker's depression; however, the Beck Depression Inventory score was indicated as being in the severe range of subjective depression. The most recent progress notes do not discuss the effectiveness of Cymbalta or show evidence of any significant objective functional improvement with use of the medication. Therefore, the request for authorization of Cymbalta 60 mg #30 with 2 refills is not medically necessary.