

<b>Case Number:</b>	CM15-0123374		
<b>Date Assigned:</b>	07/07/2015	<b>Date of Injury:</b>	04/06/2012
<b>Decision Date:</b>	08/07/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 64 year old female, who sustained an industrial injury on April 6, 2012. She reported injury to the right shoulder. The injured worker was diagnosed as having impingement syndrome in shoulder on the right with bicipital tendonitis with possible tear, depression, sleep issues and stress issues. Treatment to date has included diagnostic studies and medication. On June 3, 2015, the injured worker complained of intermittent shoulder pain radiating to the fingertips. The pain was rated as a 5 on a 0-10 pain scale. She has also reported a sense of weakness and numbness and tingling along the fingertips. The treatment plan included an injection, medications, hot and cold wrap and transcutaneous electrical nerve stimulation unit. On June 15, 2015, Utilization Review non-certified the request for Lunesta 2 mg #30 and Effexor XR 75 mg #60, citing the Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lunesta 2mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-14, 16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness & Stress.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists (<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>)).

**Decision rationale:** Lunesta (eszopiclone) is a non-benzodiazepine hypnotic agent that is a pyrrolopyrazine derivative of the cyclopyrrolone class. According to MTUS guidelines, tricyclic antidepressants are recommended as a first line option in neuropathic pain, especially if pain is accompanied by insomnia, anxiety or depression. According to ODG guidelines, "Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopiclone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are scheduled IV controlled substance, which means they have potential for abuse and dependency." "Eszopiclone (Lunesta) has demonstrated reduced sleep latency and sleep maintenance. (Morin, 2007) The only benzodiazepine-receptor agonist FDA approved for use longer than 35 days." Lunesta could be used as an option to treat insomnia, however it should not be used for a long-term without periodic evaluation of its need. The provider has to further characterize the patient insomnia (primary versus secondary) and its relation to the primary patient pain syndrome. The provider did not document the use of non pharmacologic treatment for the patient sleep issue. Therefore, the prescription of Lunesta 2mg #30 is not medically necessary.

**Effexor XR 75mg #60:** 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 effexor Page(s): 124.

**Decision rationale:** According to MTUS guidelines, "Effexor is recommended as an option in first-line treatment of neuropathic pain. Venlafaxine (Effexor) is a member of the selective-serotonin and norepinephrine reuptake inhibitor (SNRIs) class of antidepressants. It has FDA approval for treatment of depression and anxiety disorders. It is off label recommended for treatment of neuropathic pain, diabetic neuropathy, fibromyalgia, and headaches. The initial dose is generally 37.5 to 75 mg/day with a usual increase to a dose of 75 mg b.i.d or 150 mg/day of the ER formula. The maximum dose of the immediate release formulation is 375 mg/day and of the ER formula is 225 mg/day." Effexor is generally considered in the one tricyclic's are ineffective, poorly tolerated or contraindicated for treatment of chronic pain. In this case, there is no clear rationale for using Effexor. There is no documentation of failure, intolerance or contraindication for using for first line pain medications. There is no documentation of the medical necessity to use Effexor and the modalities to assess its efficacy and side effects. Therefore, the request for the use of Effexor XR 75mg #60 is not medically necessary.

