

Case Number:	CM15-0126123		
Date Assigned:	07/10/2015	Date of Injury:	09/19/2007
Decision Date:	09/10/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/30/2015

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 York
 Certification(s)/Specialty: Pediatrics, Internal 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 54 year old female, who sustained an industrial injury on July 25, 2005 and September 19, 2007. She reported neck, left shoulder and left knee pain with associated depression. The injured worker was diagnosed as having carpal tunnel syndrome of the right wrist, cervical spine stenosis, chronic neck pain with possible radiculopathy, left shoulder impingement syndrome and upper extremity strain, right shoulder strain, status post left knee surgery with arthroscopic partial medial meniscectomy and depression secondary to pain. Treatment to date has included diagnostic studies, radiographic imaging, cervical epidural injections, conservative care, physical therapy, acupuncture, TENS unit, medications and work restrictions. Currently, the injured worker complains of pain in the neck, bilateral shoulders, back of the shoulder blades, bilateral knee and buttock with numbness and tingling in the wrists and hands. She reported depression, anxiety and sleep disruptions secondary to the pain. The injured worker reported an industrial injury in 2005, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on June 8, 2009, revealed continued pain as noted. She reported depression secondary to the pain. Magnetic resonance imaging of the cervical spine revealed foraminal stenosis, central canal stenosis and other abnormalities. She underwent left shoulder arthroscopy and subacromial decompression with acromioplasty on December 21, 2009. She completed physical therapy without noted improvement in function or pain. She continued to work with modified duties. She was administered an epidural steroid injection of the cervical spine on May 7, 2010. She reported increased spasms and pain since the epidural. Her mood was rated at 9 on a 1-10 scale with 10

being very low and bad. She noted her anxiety and worry level to be 10 on a 1-10 scale with 10 being the worst. She rated her depression and irritability at a 9 on a 1-10 scale with 10 being the worst. She noted sleep disruptions secondary to pain. She was treated with Valium and other medications. Evaluation on September 26, 2014, revealed severe depression and anxiety. She was noted as distraught and despondent. She noted the pain was unbearable. Medications included Klonopin, Lunesta and others. Evaluation on April 21, 2015, revealed increased sleep difficulties. Medications were continued. Evaluation on June 2, 2015, revealed improved depression and anxiety. She reported sleeping better and being more active. Klonopin and Lunesta were continued. Klonopin .5 MG Qty 30 and Lunesta 3 MG Qty 30 were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Klonopin .5 MG Qty 30: Upheld

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

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

Decision rationale: According to the California (CA) MTUS Guidelines, benzodiazepines are not recommended for long term use. The long-term efficacy is unproven and increases the risk of dependency. It was noted the injured worker had chronic pain associated depression, anxiety and sleep disruptions and had been treated for over 7 years for the noted symptoms. It was noted the mood was rated at a 9/10 with 10 being very low and bad. In September of 2014, it was noted she was using Klonopin for psychiatric symptoms. There was no documentation of Klonopin providing benefit to the beneficiary until June, 2015, when it was noted she was less depressed however there was no numerical or means of measurement provided in the report. It was noted there was some improvement in sleep. Klonopin had been prescribed for over 9 months without significant improvements in psychiatric conditions noted. The MTUS recommends short term use of benzodiazepines. For these reasons, the request for Klonopin 0.5mg #30 is not medically necessary.

Lunesta 3 MG Qty 30: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic pain; insomnia.

Decision rationale: The California (CA) MTUS Guidelines do not specifically address the issue. According to the Official Disability Guidelines (ODG), non-benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists) are first-line medications for insomnia. Lunesta is

a non-benzodiazepine sedative-hypnotic agent approved for use longer than 35 days. It was noted in the medical documents, sleep was frequently disrupted secondary to pain. There is documentation of insomnia and poor sleep hygiene. It was noted she was treated with Lunesta for poor sleep for several months without significant improvement in symptoms until June 2, 2015, when it was noted she had improved sleep, was feeling better and had increased activity. The ODG indicated Lunesta could be used for an extended period of time and there was noted improvement in sleep over time with the use of Lunesta. For these reasons, Lunesta 3 MG Qty 30 is medically necessary.