

<b>Case Number:</b>	CM15-0162468		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	04/10/2013
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	07/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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: Physical Medicine & Rehabilitation

### 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 46 year old female, who sustained an industrial injury on 4-10-13. Medical records indicate that the injured worker is undergoing treatment for lumbar degenerative disc disease, lumbar radiculopathy, left knee medial meniscus tear, contusion of the shoulder, anxiety and depressive disorder. The injured worker is currently not working. On (7-1-15) the injured worker complained of left shoulder pain. The pain was rated 3 out of 10 on the visual analogue scale. Range of motion was noted to be increased. The injured worker also noted low back pain rated 8 out of 10. Objective findings noted the deep tendon reflexes to be 2+. The progress note was handwritten and difficult to decipher. Treatment and evaluation to date has included medications, MRI, physical therapy, knee brace, left knee arthroscopy (3-20-15) and rotator cuff repair (5-12-15). Current medications include Ativan (since at least April of 2015), Lunesta (since at least April of 2015) and Zoloft. The current treatment requests are for Lunesta 3 mg as needed # 60 and Ativan 1 mg as needed # 60. The Utilization Review documentation dated 7-31-15 non-certified the request for Lunesta 3 mg as needed # 60 and Ativan 1 mg as needed # 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ativan 1mg BID PRN QTY: 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

**Decision rationale:** Lorazepam (Ativan) is an anti-anxiety medication in the benzodiazepine family and like other benzodiazepines, act by enhancing the effects of gamma-aminobutyric acid (GABA) in the brain. GABA is a neurotransmitter (a chemical that nerve cells use to communicate with each other) which inhibits many of the activities of the brain. It is believed that excessive activity in the brain may lead to anxiety or other psychiatric disorders. Clonazepam also is used to prevent certain types of seizures. Lorazepam is used for the short-term relief anxiety symptoms, usually up to 4 weeks as long-term efficacy is unproven with risk of dependency. It is used for certain types of seizures, specifically petit mal seizures, akinetic seizures, and myoclonus, as well as Lennox-Gastaut syndrome. Submitted reports have not adequately addressed the indication for Lorazepam continued use for the chronic 2013 injury with use of Ativan since at least Aril 2015 nor is there documented functional efficacy from treatment already rendered. The Ativan 1mg BID PRN Qty: 60 is not medically necessary or appropriate.

**Lunesta 3mg at bedtime PRN QTY: 60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Mental Illness & Stress, Online Version, Eszopiclone (Lunesta).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Insomnia Treatment, pages 535-536.

**Decision rationale:** Hypnotics are not included among the multiple medications noted to be optional adjuvant medications, per the Official Disability Guidelines (ODG), Pain. Additionally, Lunesta is a non-benzodiazepine-like, Schedule IV controlled substance. Long-term use is not recommended as efficacy is unproven with a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic and anxiolytic. Chronic use is the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Submitted documents have not demonstrated any specific functional improvement including pain relief with decreased pharmacological profile, decreased medical utilization, increased ADLs and work function, or quantified hours of sleep as a result from treatment rendered for this chronic 2013 injury with use of Lunesta since at least April 2015. The reports have not identified any specific clinical findings or confirmed diagnoses of sleep disorders nor is there any noted failed trial of behavioral interventions or proper sleep hygiene regimen to support its continued use. The Lunesta 3mg at bedtime PRN Qty: 60 is not medically necessary or appropriate.