

<b>Case Number:</b>	CM15-0179545		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	10/12/2011
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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: Pennsylvania, Ohio, 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:

This is a 54 year old male with a date of injury of October 12, 2011. A review of the medical records indicates that the injured worker is undergoing treatment for posttraumatic stress disorder, anxiety, depression, facial and bilateral upper extremity burns (second and third degree), and cervical spine disc protrusion. A progress note dated June 18, 2015 notes subjective complaints of sleep difficulties, loss of motivation, anger, irritability, impaired concentration, anxiety, and depression. The report also indicates that the injured worker has panic attacks, flashbacks from his injury, and a history of suicidal ideation (no thoughts of self-harm on the date of evaluation). Per the treating physician (August 6, 2015) the employee was temporarily totally disabled. The progress note dated August 6, 2015 documented a physical examination that showed tenderness to palpation over the midline cervical spine, the bilateral paraspinals, the bilateral upper trapezii, left greater than right, and the left rhomboids, and decreased sensation with numbness and tingling in the left third, fourth, and fifth fingers. The report dated June 18, 2015 noted psychological testing that indicated severe depression, severe anxiety, possible sleep disorder, and somatic complaints. The report also stated that the tests results were "Invalid due to the overstatement of emotional distress". Treatment has included medications (Cymbalta, Lyrica, and Norco since at least June of 2015; history of Percocet and Xanax), psychotherapy, and treatment for physical injuries. The original utilization review (August 24, 2015) non-certified a request for Ativan 1mg and Lunesta 3mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ativan 1mg:** 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:** Benzodiazepines are not recommended by MTUS for long-term use due to lack of demonstrated efficacy and a risk of dependence. Tolerance to hypnotic or anxiolytic effects is common, and long-term use may actually increase rather than decrease anxiety. Benzodiazepines are rarely a treatment of choice in a chronic condition. The records do not provide a rationale for an exception to this guideline; rather the reported psychological testing results confirm concern if benzodiazepines were used. This request is not medically necessary.

**Lunesta 3mg:** 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) Mental Illness & Stress 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/Insomnia.

**Decision rationale:** Official Disability Guidelines/Treatment in Workers Compensation/Pain states regarding insomnia treatment "Pharmacological agents should be used only after careful evaluation of potential causes of sleep disturbance." The records in this case do not document such an assessment to support an indication for this treatment; rather, the psychological assessment expresses concern regarding the validity of the clinical presentation and does not support an indication for hypnotic medication. This treatment is not medically necessary.