

<b>Case Number:</b>	CM15-0033310		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	08/22/2009
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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 47 year old male, who sustained an industrial injury on August 22, 2009. The injured worker was diagnosed as having shoulder impingement syndrome, cervical facet arthropathy, cervical and lumbar radiculopathy, degenerative disc disease (DDD) and lumbar fusion. Treatment and diagnostic studies to date have included CAT scan, x-ray, magnetic resonance imaging (MRI) and electromyogram. A progress note dated February 5, 2015 the injured worker complains of ongoing back and leg pain disturbing his sleep and emotions. He rates it 6-9/10. The record provides there is a cat scan done recently. Psychologically the injured worker reports depression, anxiety suicidal ideation, hallucinations and paranoia but denies mental disturbance. The plan includes medication and continued psychiatric care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Clorazepate Dipotassium 7.5mg #30:** 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:** This patient presents with ongoing back and leg pain interfering with sleep, physical activity, and emotions. The request is for Clorazepate Dipotassium 7.5mg #30 on 02/11/15. The work status is temporarily totally disabled per 03/05/15 report. MTUS Chronic Pain Medical Treatment Guidelines on benzodiazepines, pg. 24 states that "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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are 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. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." In this case, the treater does not provide rationale of the request or efficacy of this medication. Review of reports does not provide starting date of this medication but it was listed as current medication as early as 08/26/14. Benzodiazepines run the risk of dependence and difficulty of weaning per MTUS. It is not recommended for a long-term use. The request IS NOT medically necessary.

**Lunesta 3mg #30:** 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), Pain chapter, Insomnia treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC, Mental & Stress Chapter states: Eszopicolone (Lunesta).

**Decision rationale:** This patient has a date of injury of 8/22/09 and presents with ongoing back and leg pain, which interferes with his sleep. The current request is for LUNESTA 3MG #30. The patient has been prescribed Lunesta since at least 11/13/14. The patient was taking Ambien and more recently switch to Lunesta. ODG-TWC, Mental & Stress Chapter states: "Eszopicolone (Lunesta): Not recommended for long-term use, but recommended for short-term use. See Insomnia treatment. See also the Pain Chapter. Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase. The FDA has lowered the recommended starting dose of Eszopicolone (Lunesta) from 2 mg to 1 mg for both men and women." ODG recommends short-term use of up to 3 weeks, and patient has been taking the medication since at least 11/13/14. Furthermore, the FDA has lowered the recommended dose of Eszopicolone (Lunesta) from 2 mg to 1 mg for both men and women, and the current request is for 3mg. This request IS NOT medically necessary.