

<b>Case Number:</b>	CM15-0063629		
<b>Date Assigned:</b>	04/09/2015	<b>Date of Injury:</b>	11/05/1998
<b>Decision Date:</b>	05/08/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2015

### 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

Certification(s)/Specialty: Family Practice

### 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 60 year old male, who sustained an industrial injury on 11/05/1998. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, conservative therapies, x-rays, MRIs, and electrodiagnostic testing. Currently, the injured worker complains of lumbar spine pain/discomfort (rated 4-8/10) with left lower extremity radicular pain, cervical spine pain (4/10), and right shoulder pain (3/10). It was noted that the injured worker was status post a fall one week prior to this visit (02/23/2015) which resulted in increased low back pain. A new MRI was requested. The diagnoses include low back pain with left lower extremity radiculopathy, right shoulder pain, neck [pain with right upper extremity radiculopathy, left ankle and knee pain, left heel pain, depression, gastrointestinal upset due to medication use, left upper abdominal wall pain, and mid back pain. The treatment plan consisted of medications (including Xanax and Lunesta).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xanax 0.25 #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:** The MTUS Guidelines for Chronic Pain state that benzodiazepines are not recommended for long-term use due to their risk of dependence, side effects, and higher tolerance with prolonged use, and as the efficacy of use long-term is unproven. The MTUS suggests that up to 4 weeks is appropriate for most situations when considering its use for insomnia, anxiety, or muscle relaxant effects. In the case of this worker, Xanax was reportedly used for anxiety related to his chronic pain. However, there was insufficient reporting made in the recent documentation to show how often it was used and how effective it was in order to justify its continuation. Regardless, chronic use of Xanax is not recommended and is considered not medically necessary. Weaning is recommended.

**Lunesta #40:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Mental Illness section, sedative hypnotics and the Pain section, insomnia treatment.

**Decision rationale:** The MTUS Guidelines do not address the use of sedative hypnotics. However, the ODG states that sedative hypnotics are not recommended for long term use, but may be considered in cases of insomnia for up to 6 weeks duration in the first two months of injury only in order to minimize the habit-forming potential and side effects that these medications produce. In the case of this worker, it was reported that Lunesta was used for "sleep difficulty", however, there was missing any report on how effective Lunesta was at helping the worker with his insomnia or how often it was actually used as well as any side effects from its use. Regardless, chronic use of Lunesta is not recommended and is considered not medically necessary. Weaning may be indicated.