

Case Number:	CM15-0090797		
Date Assigned:	05/15/2015	Date of Injury:	05/08/2007
Decision Date:	06/16/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/11/2015

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: New Jersey, New York
 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 50-year-old male, who sustained an industrial injury on 5/8/07. The injured worker has complaints of left knee pain. The documentation noted on 3/30/15 that the injured worker was independently ambulating into and out of the examination room without need of an assistive device and appears to be in no acute distress. The diagnoses have included pain in joint, lower leg. Treatment to date has included magnetic resonance imaging (MRI) of May 2011 showed linear fibrosis with Hoffa's fat medially, otherwise a negative magnetic resonance imaging (MRI) of the left knee; left knee arthroscopic surgery in December 2007 and 1/19/12; butrans; percocet and voltaren gel. The request was for nuedexta 20/10 mg quantity 60; clonazepam 0.5 mg (twice daily) quantity 60 and lunesta 3 mg (at bedtime) quantity 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nuedexta 20/10 mg Qty 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (Food & Drug Administration) approved for (PSA) Pseudobulbar Affect.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Nuedexta, Pain.

Decision rationale: The request is considered not medically necessary. MTUS guidelines do not address the use of Nuedexta. Therefore, ODG guidelines were used. According to ODG, Nuedexta is not recommended. It is used to treat the symptoms of pseudobulbar affect such as excessive crying and laughing. There is no documentation that the patient suffers from this. It is not indicated for this patient, therefore, is not medically necessary.

Clonazepam 0.5 mg (twice daily) Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24, 66.

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

Decision rationale: Clonazepam is not medically necessary by MTUS guidelines. Benzodiazepines are not recommended for long-term use as long-term efficacy is unproven and there is a high risk of dependency. Most guidelines limit use to four weeks. Tolerance to anxiolytic effects occur within months and may increase anxiety in the long-term. The patient was being treated for a mood disorder. First-line treatment would be an anti-depressant, not an anxiolytic. Therefore, the request is considered not medically necessary.

Lunesta 3 mg (at bedtime) Qty 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: Mental Illness & Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Lunesta.

Decision rationale: The request is considered not medically necessary. The request is for a prescription of Lunesta. MTUS does not have guidelines for Lunesta, therefore, ODG was used. According to ODG, Lunesta is only recommended for short-term use. "They can be habit-forming, and they may impair function and memory more than opioid pain relievers. There is also concern that they may increase pain and depression over the long-term. In general, receiving hypnotic prescriptions was associated with greater than a threefold increased hazard of death even when prescribed less than 18 pills/year. Previously recommended doses can cause impairment to driving skills, memory, and coordination as long as 11 hours after the drug is taken. Despite these long-lasting effects, patients were often unaware they were impaired." There has not been any documentation of attempted improvement in sleep hygiene. Because the patient suffers from a mood disorder and Lunesta may worsen depression in the long-term, it is advisable to not start Lunesta. Because of these reasons, the request is considered not medically necessary.

