

<b>Case Number:</b>	CM15-0098347		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	06/12/2014
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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, Arizona, Maryland  
Certification(s)/Specialty: Psychiatry

### 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 33 year old male, who sustained an industrial injury on 06/12/2014. On provider visit dated 03/25/2015 the injured worker has reported headaches from Prazosin. On examination the injured worker was noted to have depressive symptoms, helplessness and unable to do anything. He was reported to have recurrent reminders and nightmares and a hyper alert state. He was noted to have a constricted affect. The diagnoses have included post traumatic stress disorder- chronic, depressive disorder due to another medical condition. Treatment to date has included psychotherapy, medication: Perphenazine, Xanax, Visalia, Lunesta, Pristiq and Prazosin. The Prazosin was noted to stopped due to headaches. The provider requested Lunesta 3mg and Perphenazine 4mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lunesta 3mg, quantity: 30 with 1 refill:** 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 Chapter (Online Version): 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) Chapter: Chronic Pain Topic: Insomnia Treatment.

**Decision rationale:** ODG states "Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists) are First-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopicolone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which mean they have potential for abuse and dependency."Eszopicolone (Lunesta) has demonstrated reduced sleep latency and sleep maintenance. (Morin, 2007) The only benzodiazepine-receptor agonist FDA approved for use longer than 35 days. A randomized, double blind, controlled clinical trial with 830 primary insomnia patients reported significant improvement in the treatment group when compared to the control group for sleep latency, wake after sleep onset, and total sleep time over a 6-month period. (Walsh, 2007) Side effects: dry mouth, unpleasant taste, drowsiness, dizziness. Sleep-related activities such as driving, eating, cooking and phone calling have occurred. Withdrawal may occur with abrupt discontinuation. Dosing: 1-2 mg for difficulty falling asleep; 2-3 mg for sleep maintenance. The drug has a rapid onset of action. (Ramakrishnan, 2007) It also states "adding a prescription sleeping pill to cognitive behavioral therapy (CBT) appeared to be the optimal initial treatment approach in patients with persistent insomnia, but after 6 weeks, tapering the medication and continuing with CBT alone produced the best long-term outcome. These results suggest that there is a modest short-term added value to starting therapy with CBT plus a medication, especially with respect to total sleep gained, but that this added value does not persist. In terms of first-line therapy, for acute insomnia lasting less than 6 months, medication is probably the best treatment approach, but for chronic insomnia, a combined approach might give the best of both worlds; however, after a few weeks, the recommendation is to discontinue the medication and continue with CBT. Prescribing medication indefinitely will not work. The authors said that the conclusion that patients do better in the long term if medication is stopped after 6 weeks and only CBT is continued during an additional 6-month period is an important new finding. (Morin, 2009)" The injured worker has been on Lunesta on an ongoing basis. According to the guidelines stated above, medications are not recommended for long term treatment of insomnia and also Lunesta has potential for abuse, dependency, withdrawal and tolerance. Thus, the request for another two month supply of Lunesta 3mg, quantity: 30 with 1 refill is excessive and not medically necessary.

**Perphenazine 4mg, quantity: 60 with 1 refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.perphenazine.com](http://www.perphenazine.com).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [FDA.gov](http://FDA.gov): Perphenazine.

**Decision rationale:** Per [FDA.gov](http://FDA.gov) "Perphenazine is indicated for use in the treatment of schizophrenia and for the control of severe nausea and vomiting in adults."The injured worker

has been diagnosed with Post Traumatic Stress Disorder- chronic, Depressive disorder due to another medical condition and does not have any of the above indications for the use of Perphenazine. The use of this medications seems of be off label in this case. Thus, the request for Perphenazine 4mg, quantity: 60 with 1 refill is not medically necessary.