

Case Number:	CM13-0009572		
Date Assigned:	10/11/2013	Date of Injury:	08/25/2010
Decision Date:	01/07/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychiatry and Neurology, has a subspecialty in Geropsychiatry, and Addiction Medicine and is licensed to practice in California. 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 physician 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/services.

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 case involves a 44-year-old man, who sustained a work related injury in which he was hit in the head with a 1000 lb column in August 2010. He suffered loss of consciousness and was taken to the emergency room, after which he was hospitalized for seven days. He sustained fractures of several ribs and the right shoulder as well as injuries to the right ear, knee, and foot. He underwent multiple surgeries. He was said to have attained 50% improvement post operatively. Psychological symptoms included depressed mood, suicidal ideation, poor sleep, hopelessness and helplessness. He was diagnosed with depressive disorder not otherwise specified, major depressive disorder single episode severe and pain disorder with psychological factors and general medical condition. He was on hydrocodone for pain with the side effect of pruritis. He was given a trial of Cymbalta however suffered from adverse events ("going crazy" for a few days), then was placed on Vibrid 10mg on which he was said to have done well. He also received treatment with cognitive behavioral therapy as well as biofeedback. He was seen on 6/3/13 for a psychiatric AME, during which he reports taking amitriptyline 25mg at bedtime. The examiner further reports not finding "a duly diagnosable sleep disorder".

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 3 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter - Zolpidem (Ambien).

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

Decision rationale: The Official Disability Guidelines indicate that Lunesta is not meant of long-term use as a sleeper, and was meant for no longer than 35 days of continuous use. The guidelines also indicate that this medication was developed due to its relatively short duration of action and lack of significant impact on sleep architecture, and was not meant for chronic insomnia. The medication was meant for the treatment of transient sleep disorders. The patient was not found to have a diagnostic sleep disorder, and was already taking 25 mg of amitriptyline, which can serve as a very potent sedative-hypnotic due to its antihistaminic properties. In this case, the request is to use this medication in combination with the amitriptyline, which is not recommended. The request for Lunesta 3 mg is not medically necessary and appropriate.